

Name in Full

Certificate of Death

William Albert Baker

Town

County

Died at Warren

Baltimore Co

MARYLAND

Date 1902
Month Nov Day 9

Y. M. D.

Native of

Occupation

Date 189

Age 16.1.28

Maryland Mill-hand

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

William Baker

Mother's

Name

Sarah Jane Baker

Cause of

Primary

Acute Leptos

How long sick

2 days

Death

Immediate

Uremic convulsion

Accident, Suicide, Homicide

Reported by

W. H. Benson

Address

Bachopville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 1902



Name in Full

Certificate of Death

George R. Barnes

Town

County

MARYLAND

Died at *Woodstock*

Month

Day

Baltimore

Y.

M.

D.

Native of

Occupation

Date 19*02* *Nov* *8*

Age

*8 17**Ind**none*

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Father's Name

92

Mother's

Maiden Name

Marthy Branch

Cause of

Primary

Bronchial Pneumonia

How long sick

1 week

Death

Immediate

Apnoea & Exhaustion~~Accident Suicide Homicide~~

Reported by

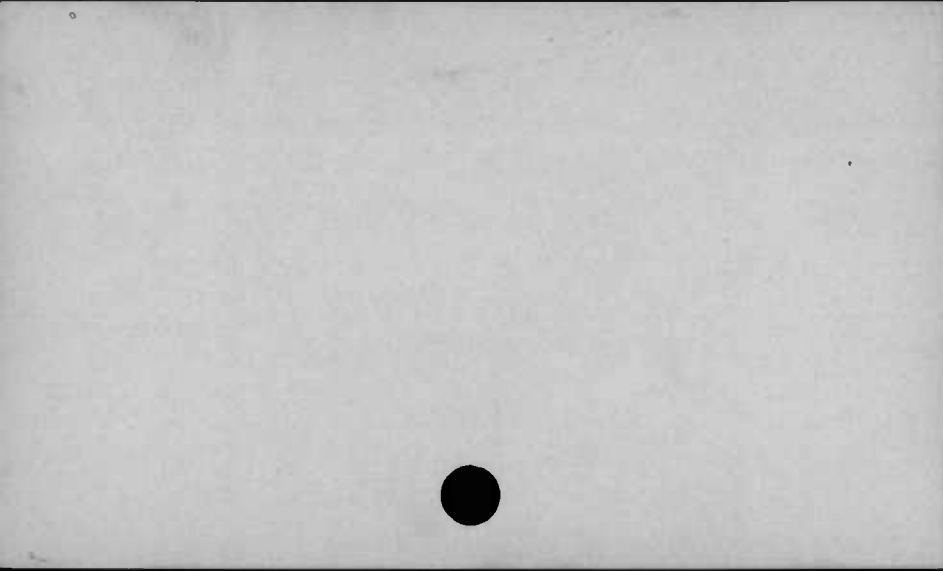
*Dr. J. Shipley**and*

Address

*Therapy**Ad*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70855



Name In Full

Certificate of Death

Eli. W. Biggs

57

Died at ^{Town} St. Denis ^{County} Baltimore MARYLAND

Date 1902 Nov. 2nd Age 36 Native of Baltimore Occupation Engineer

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Ella Biggs

Wife

Father's Name

Mother's
Maiden Name

Cause of Death { Primary Accident on Balto & Annapolis R.R.
Immediate 166

How long sick
Accident, Suicide, Homicide

Reported by Henry Sultan Jr. Coroner

Address St. Denis Baltimore Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles Bird.

CERTIFICATE OF DEATH

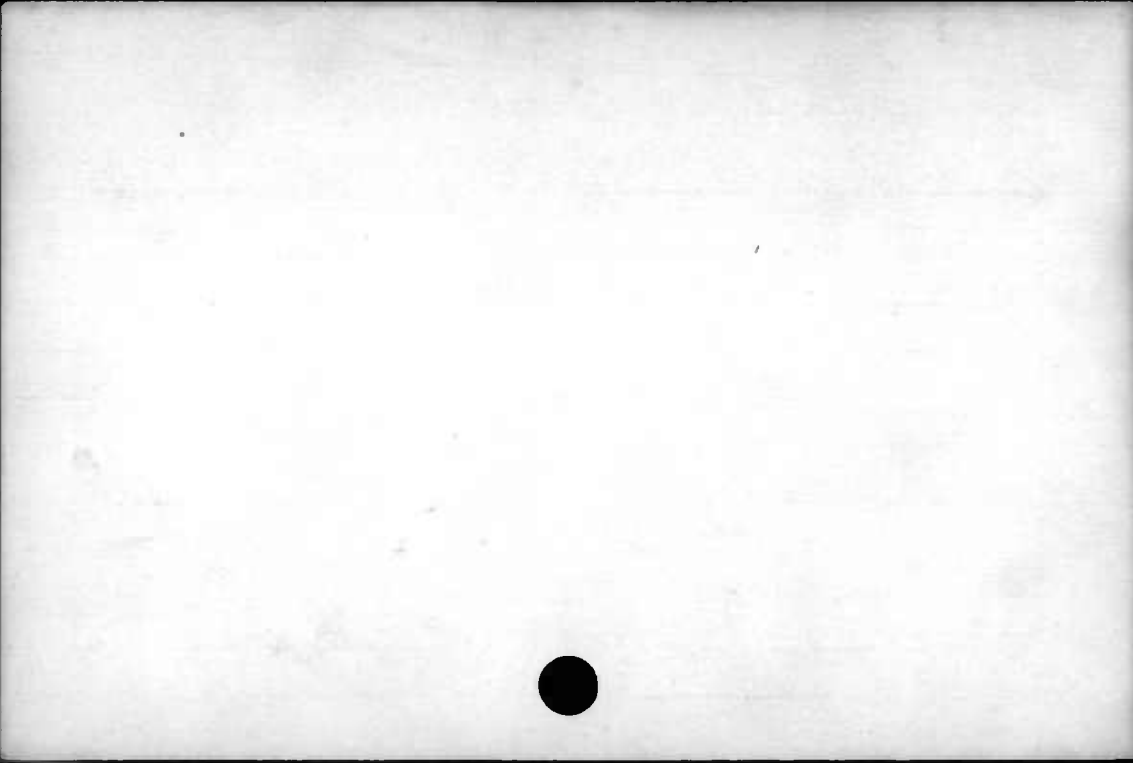
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sextonsville</i> Town			<i>Baltimore</i> County			MARYLAND		
Date of death 190 <i>2</i>		Month <i>Nov</i>	Day <i>12</i>	Age <i>one</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore, Md.</i>				
Married, Single or Widowed <i>Single</i>				Occupation <i>none</i>				
Name of Wife or Husband <i>Susan Bird</i>								
Father's Name <i>W. Bird</i>				Father's Birthplace <i>W. Va.</i>				
Mother's Maiden Name <i>Susan Harriette</i>				Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>-</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus,</i>		How long <i>2 mo.</i>
Immediate <i>exhaustion</i>		How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>A. G. Hubbard, M.D.</i>
		Address <i>2106 W. Baltimore st Baltimore, Md.</i>
Accident or Suicide? <i>-</i>		



Name in Full

Certificate of Death

Sarah A. Polgiano

Town

County

Died at

Catonsville Baltimore MARYLAND

Date 1902 Nov 23 Month Day Y. M. D. Native of Occupation
 Age 54

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband
 of
 Wife

John A. Polgiano

Father's
 Name

Wm. P. Buckmiller

Mother's
 Name

Sarah Buckmiller

Cause of

Primary

Death

Immediate

Apoplexy

How long sick

7

Accident, Suicide, Homicide

Reported by

S. Whitaker

Address

Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 78700



Name in Full

Certificate of Death

Died at

Date 19

Male

Husband
of
Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Benjamin Bond

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~M~~arried~~W~~idow~~D~~ivorced~~F~~emale~~C~~olored~~S~~ingle~~W~~idower~~N~~umber of children living

Single

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

H. G. Mitchell
Vespina

Batts Co.

Md.

LIBRARY BUREAU, 73000



Name
in
Full

Rose Bordley

CERTIFICATE OF DEATH

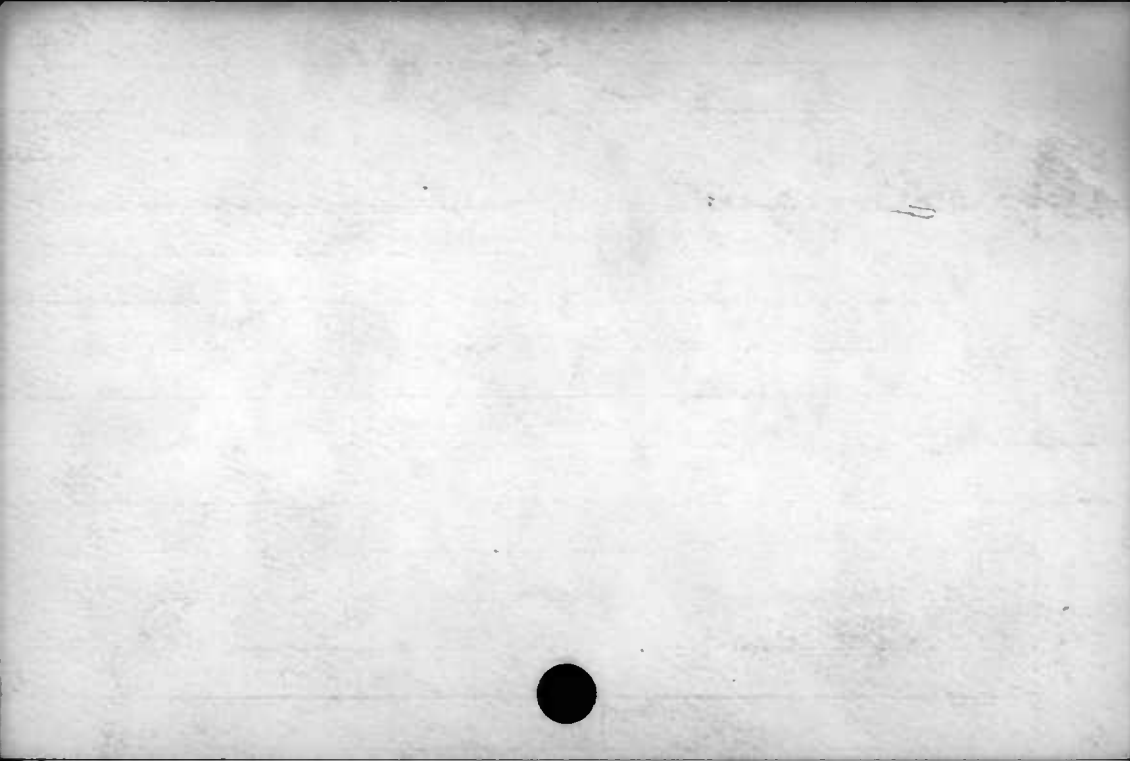
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arbutus</i>		Town <i>Baltimore</i>		County <i>40</i>		MARYLAND	
Date of death 1902	Month <i>11</i>	Day <i>26</i>	Years <i>40</i>	Months <i>—</i>	Days <i>—</i>		
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Kent Island Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Cook</i>					
Name of Wife or Husband <i>Charles Bordley</i>							
Father's Name <i>Louis Berry</i>				Father's Birthplace <i>Kent Island Md</i>			
Mother's Maiden Name <i>Harriet Berry</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Katie Williams</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>6 hr</i>
Immediate <i>Pulmonary Complication</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas Macmillan</i>
	Address <i>Calverton</i>
Accident or Suicide?	<i>No</i>



Name
in
Full

Leander Burgess.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

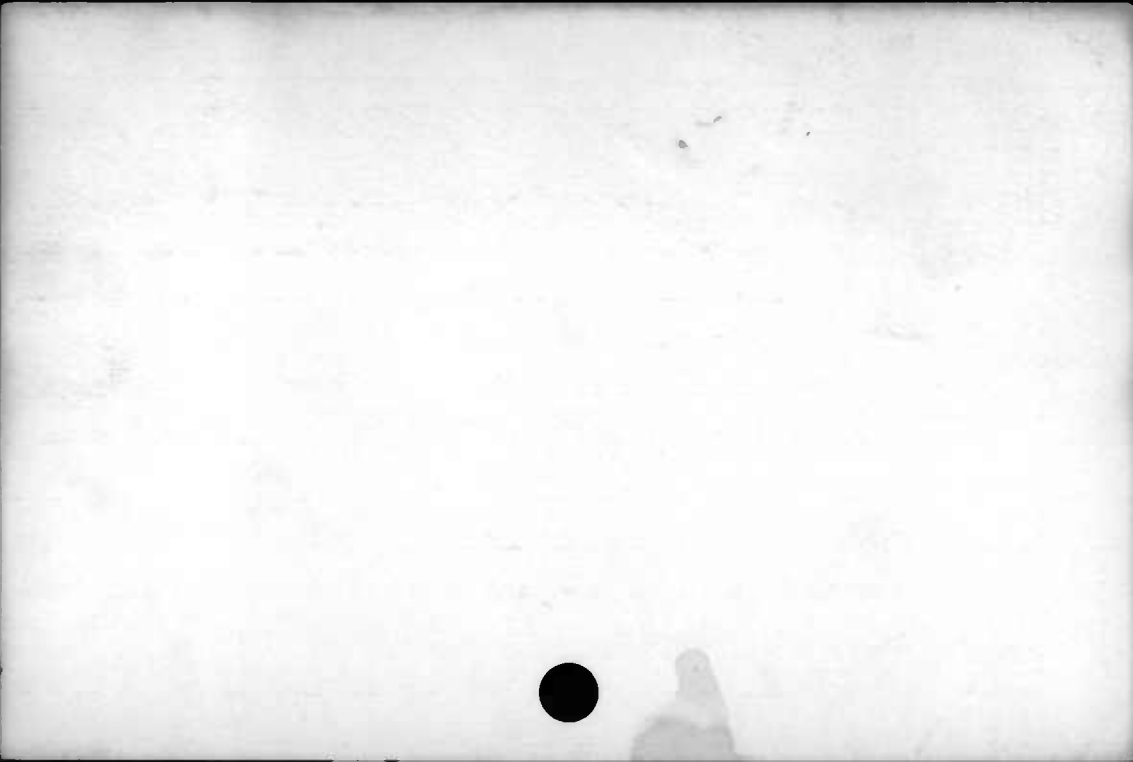
Died at		Town <i>Granite.</i>		County <i>Balto.</i>		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	<i>2</i>	<i>Nov</i>	<i>11</i>	<i>4</i>	<i>48</i>		
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Balto Co. Md.</i>
Married, Single or Widowed	<i>Married</i>		Occupation <i>Blacksmith</i>				
Name of Wife or Husband <i>Minnie Burgess.</i>							
Father's Name <i>Arby Burgess</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Sarah E. Askey.</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Edwin E. Burgess.</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart trouble</i>	How long	<i>About Five years.</i>
Immediate	<i>Mitral Stenosis & Hypertrophy</i>	How long	<i>About twenty minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. H. Ward, M.D.</i>	
<i>Yes</i>		Address <i>Granite</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Jessie Chaine

65

Died at ^{Town} Huletts ^{County} Bolle

MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
02	Jan	28 th				Canada	Housewife
Male	White	Married				Divorced	
Female	Colored	Single				Widower	
						Number of children living	One

Husband of Wm Chaine

Father's Name

Mother's

Maiden Name

79

Cause of	Primary	Heart Disease	How long sick	2 years
	Death	Immediate	Heart Disease	Accident, Suicide, Homicide

Reported by Arthur Williams M.D.

Address Elk Ridge Howard G Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm & Annie Cook
502 E North Ave

Burial
at London

Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Butler</i> Town		<i>Baltimore</i> County		
		Date of death 190 <i>2</i>		Month <i>11</i>	Day <i>15</i>	Age <i>77</i>
		Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Balto City - Md.</i>	Months <i>1</i>
		Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>		
		Name of Wife or Husband <i>Acquilla Chilcoat</i>				
		Father's Name <i>Wm Sparks</i>			Father's Birthplace <i>Mass -</i>	
		Mother's Maiden Name <i>Bathsheba Washburne</i>			Mother's Birthplace <i>Plymouth Mass.</i>	
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information <i>Acquilla Chilcoat</i>			How related to deceased <i>Husband</i>	
		CAUSES OF DEATH				
TO BE ANSWERED BY PHYSICIAN OR CORONER		Primary <i>Hypostatic Pneumonia</i>			How long <i>Ten days</i>	
		Immediate <i>Exhaustion</i>			How long <i>_____</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>J. H. Doach M.D.</i>	
		Address <i>Butler Md</i>				
TO BE ANSWERED BY PHYSICIAN OR CORONER		Accident or Suicide?				



Name
in
Full

Harry Wilson Clement

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Calumville</u> ^{Town}		<u>Bald</u> ^{County}		MARYLAND			
Date of death 190	<u>2</u> ^{Month}	<u>Nov</u> ^{Day}	<u>24</u> ^{Age}	<u>—</u> ^{Years}	<u>—</u> ^{Months}	<u>12</u> ^{Days}	
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth- place	<u>Calumville</u>
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name			<u>Thomas B. Clements</u>		Father's Birthplace		<u>Staunton Va</u>
Mother's Maiden Name			<u>Catherine Souder</u>		Mother's Birthplace		<u>Bald Co</u>
Name of person giving Information			<u>Father</u>		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	<u>93</u>	How long	<u>3 days</u>		
Immediate				How long		
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician			<u>R B L Wattfeldt</u>
			Address			<u>Calumville Va</u>
Accident or Suicide?						



Name
in
Full

Margaret Coakley-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		County <i>Balto</i>		MAYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>64</i>	Age <i>66</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth place <i>Ireland</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>			
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemia- Acute</i>	How long
Immediate <i>Ex-</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank J. Flannery</i>
<i>yes</i>	Address <i>Mt Hope Retreat</i> <i>Mt Hope Retreat</i>

New Cathedral Cem-
Nov 8th 1902
Martin Fahy & Sons
Funeral Directors

Name in Full

Certificate of Death

Alexander Coe

Town

County

Died at

MARYLAND

near North Bend Puerto
 Date 1902 Nov 8 Age 70
 Month Day Y. M. D. Native of Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of

Primary

Death

Immediate

How long sick

3 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19706



Name in Full

Certificate of Death

Stephen John Miller Cole

Town

County

Died at

*Wrights mill**Balto*

MARYLAND

Date

1902

Month

Day

Nov 27

Y.

M.

D.

Age

4

Native of

Md

Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

John Cole

Mother's

Name

Lina Cole

Cause of

Primary

Diphtheria

How long sick

one week

Death

Immediate

Exhaustion~~Accident, Suicide, Homicide~~

Reported by

Jassey McHenry

Address

Alborton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6506

grau yard wood stock

Name in Full

Certificate of Death

William Thomas Poney

Died at *Phoenix* - *Baltimore* *MARYLAND*

Date 19	02	Month	Day	Age	Y.	M.	D.	Native of	Occupation
		<i>11</i>	<i>18</i>	<i>27-4</i>				<i>Maryland</i>	<i>Mill hand.</i>
Male		White		Married		Widow		Divorced	
Female		Colored		Single		Widower		Number of children living	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benghis</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	<i>November</i> <small>Month</small>	<i>10th</i> <small>Day</small>	Age <i>17</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>9</i> <small>Days</small>
Sex <i>Boy</i>	Color or Race <i>Colored</i>		Birth-place <i>Benghis</i>		
Married, Single or Widowed <i>Minor</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband					
Father's Name <i>Joseph Cooper</i>			Father's Birthplace <i>Chase Md</i>		
Mother's Maiden Name <i>Katie Cooper</i>			Mother's Birthplace <i>Benghis</i>		
Name of person giving Information <i>Wm Cooper</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accidental</i> <i>116</i>	How long <i>instant</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>James F. Gibson Jr</i>
	Address <i>Chase Md</i>
Accident or Suicide? <i>accident</i>	



Name
in
Full

Robert Davis

CERTIFICATE OF DEATH

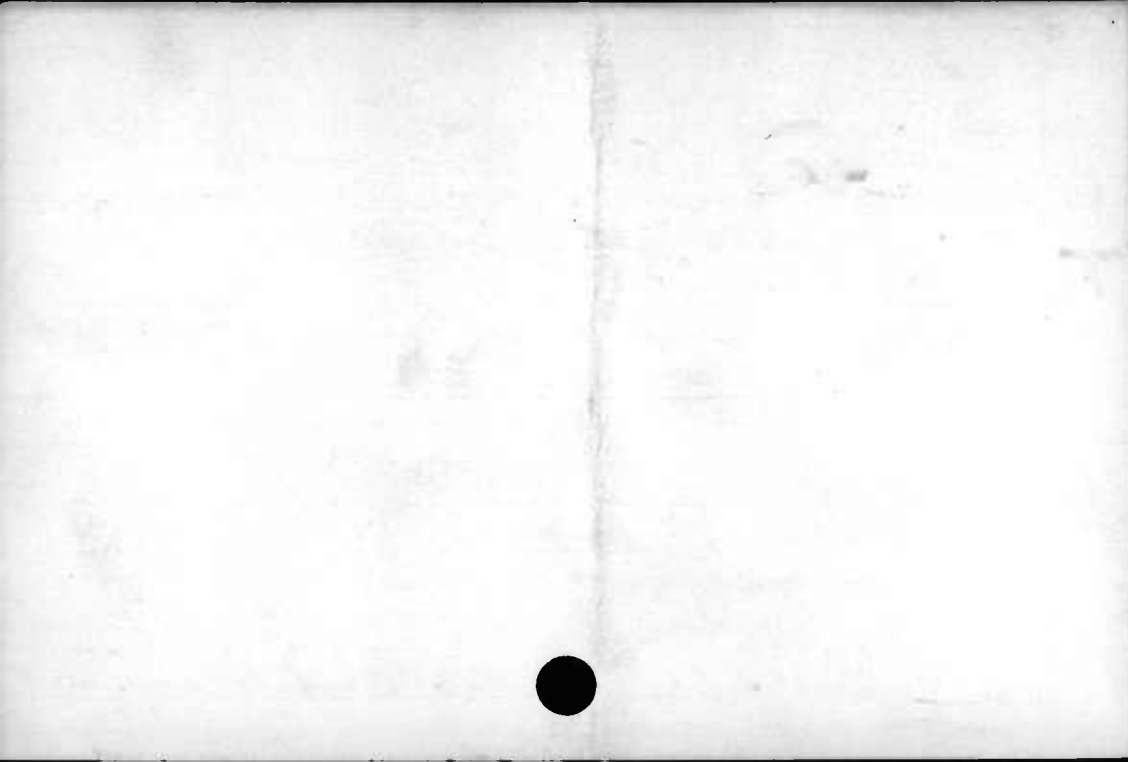
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Randallstown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death 190	<i>2</i>	Month	<i>Nov</i>	Day	<i>8th</i>
Age		<i>68</i>	Years	Months	<i>2</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Balto Co</i>
Married, Single or Widowed	<i>Married</i>	Occupation	<i>Laborer</i>		
Name of Wife or Husband	<i>Sophia Davis</i>				
Father's Name	<i>Jacob Davis</i>	Father's Birthplace	<i>Balto Co</i>		
Mother's Maiden Name	<i>Marganda</i>	Mother's Birthplace	<i>—</i>		
Name of person giving information	<i>Sophia Davis</i>	How related to deceased	<i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Disease of heart</i>	How long	<i>Six Months</i>
Immediate	<i>Emphysema</i>	How long	<i>1 Month</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G. B. O'Leary</i>
<i>in full</i>		Address	<i>Grubite Ave</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

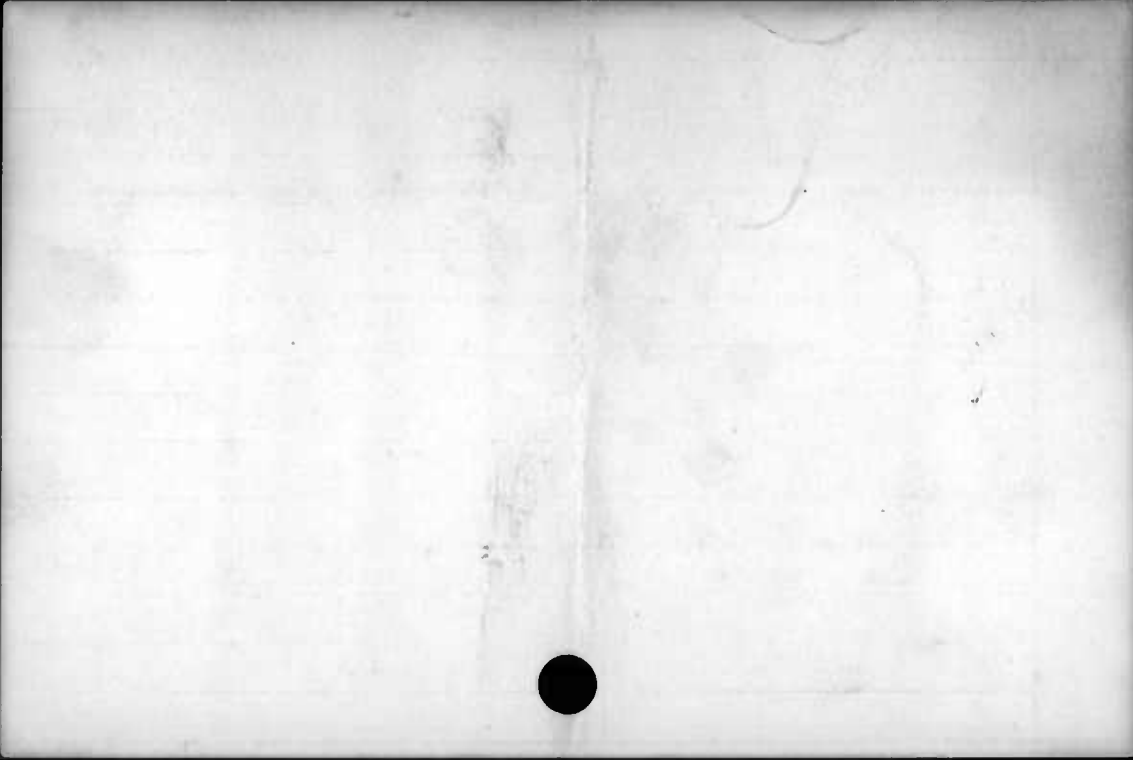
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 190		2	Nov.	30	67		
Sex	male		Color or Race	white		Birth-place	Ireland.
Married, Single or Widowed	Married		Occupation	Laborer			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of rectum	How long	8 Yrs
Immediate	Intussusception & Hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. M. Rymer M.D.	
Address		Shager's Sanitarium Balt. City	
A. _____?			



Charles Edmondson

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Nov. 6

Age

71 - -

Md

Oil refiner

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Susan Gill

~~Wife~~

Father's

Mother's

Name

Jm. Edmondson

Maiden Name

do not know

Cause of

Primary

Arterio Sclerosis followed by
apoplectic attack, unconscious about one week

How long sick

Death

Immediate

Hemiplegia, caused by
hemorrhage in left cerebrum.~~Accident, Suicide, Homicide~~

Reported by

Dr. H. McManahan

Address

Clinton St

Canton Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

St. Patrick's Cemetery

Nov. 8th 1902

Germanus Franke

Undertaker

Annie M Everd

Died at ^{Town} Canton ^{County} Baltimore MARYLAND

Date 1902 Nov 13 Age 4 - 4 - Native of Balto Occupation

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Louis Everd Mother's Name Agnes Everd

Cause of Death { Primary Accidental How long sick
 Immediate " " \$179 Accident, Suicide, Homicide

Reported by Wm G Mueller, Coroner

Address 216 O'Honnell St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Con
74 Sander Bros

Name
in
FullAnna
Elizabeth Feizer Feaser

CERTIFICATE OF DEATH

MARYLAND

Died at	Town Hebbville	County Baltimore				
Date of death 1907	Month May	Day 27 th	Age 22	Years	Months	Days
Sex	Female	Color or Race	White	Birth- place	Hebbville	
Married, Single or Widowed	Single	Occupation	House work			
Name of Wife or Husband						
Father's Name	Henry Feizer			Father's Birthplace	Germany	
Mother's Maiden Name	Elizabeth Feizer			Mother's Birthplace	Germany	
Name of person giving In formation	A. C. Smith			How related to deceased		

CAUSES OF DEATH

Primary	Typhoid Fever	How long	6 weeks
Immediate	Hemorrhage Intestinal	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. C. Smith
		Address	Lanham
Accident or Suicide?			



Name
in
Full

William A Fitzell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Baltimore		MARYLAND	
Date of death 1902	Month Nov	Day 25 th	Age 24	Years	Months	Days	
Sex Male	Color or Race white		Birth- place Balti Co				
Married, Single or Widowed		Married		Occupation Laborer			
Name of Wife or Husband		Ella B Fitzell					
Father's Name		George Fitzell				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation		Ella B Fitzell				How related to deceased Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	5 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. H. Schwatka M.D.	
Address		2429 Port Ave	
Accident or Suicide?		27	

H. Sanders, & Son

10th Evan Gd. Penn

Name
in
Full

CERTIFICATE OF DEATH

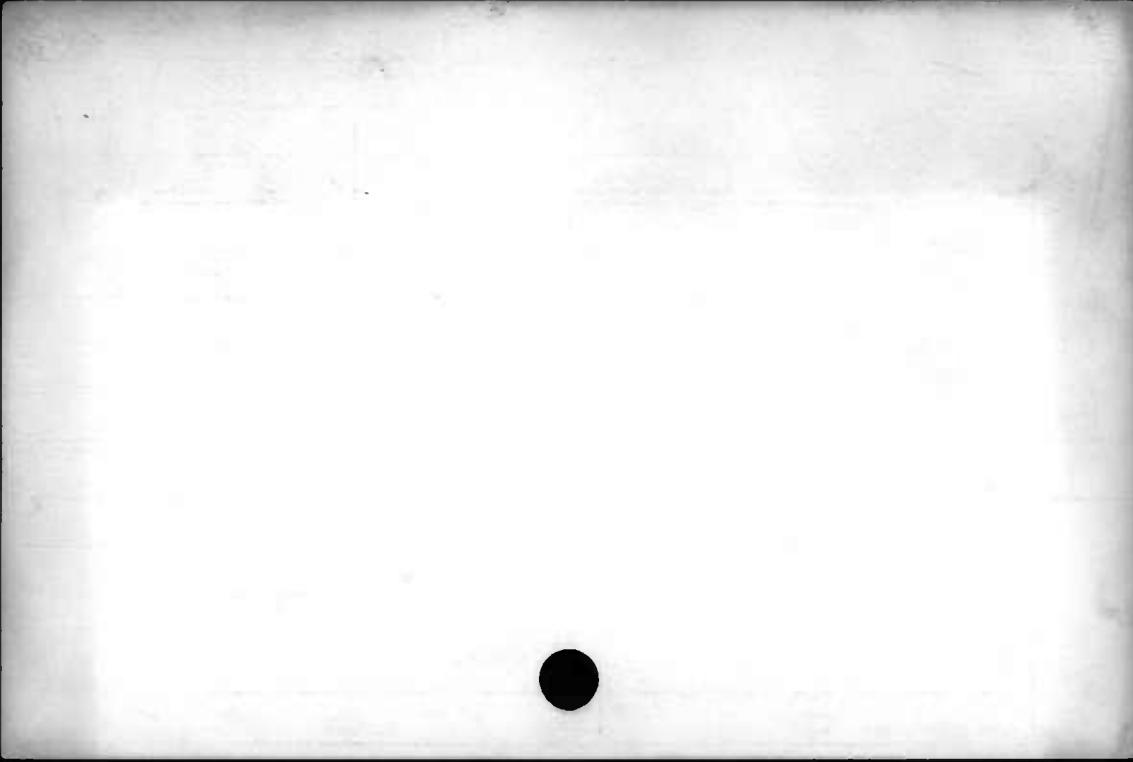
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Raspens</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>November</i>	Day <i>25</i>	Age <i>90</i>	Years <i>6</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Balls Co., Md.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Retired Farmer</i>				
Name of Wife or Husband <i>Elizabeth A. Fomster</i>					
Father's Name <i>James Fomster</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Rachel Fomster</i>			Mother's Birthplace <i>Batts Lee</i>		
Name of person giving information <i>Thos B Gatch</i>			How related to deceased <i>Don-in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Smile decay of old age</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. F. Corne M.D.</i>
	Address <i>Gardner</i>
Accident or Suicide? <i>no</i>	<i>Md</i>



Name In Full

Certificate of Death

Helen Louise Foulz
 Town *Corbett* County *Baths*
 Died at *Corbett* *Corpsity* MARYLAND
 Date 1902 11 7 Age 1 1/2
 M. D. Native of Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

or

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

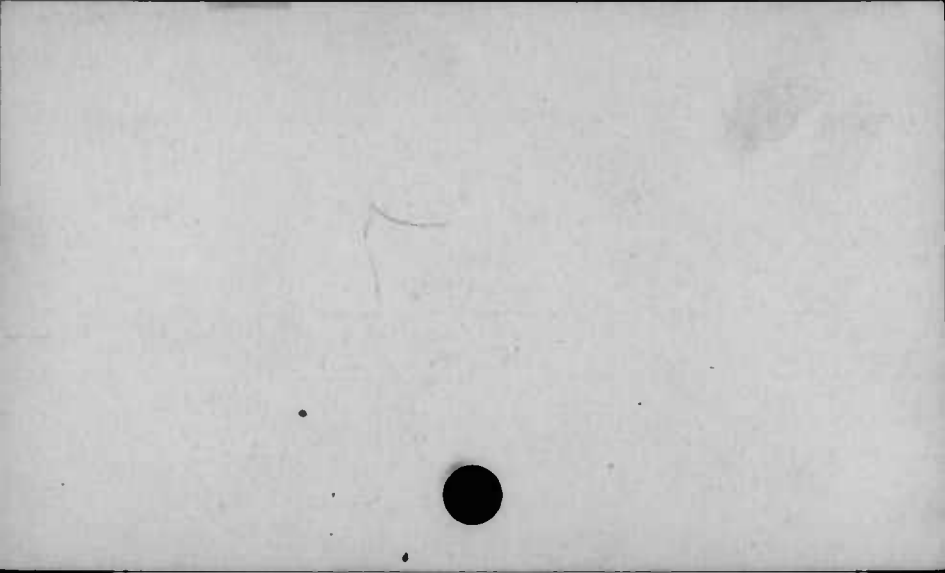
How long sick

One week~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary L. Freeland

Town

County

Died at

Delight

Ballo.

MARYLAND

Date	Year	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Nov.	13	Ind.	74	7	14	Maryland	None
Male		White		Married		Widow		Divorced
Female		Colored		Single		Widower		Number of children living 1

Husband
of
WifeFather's
Name

Stephen Freeland

Mother's
Name

Mary Freeland

Cause of

Primary

Pulmonary & Intestinal Tuberculosis

How long sick

one year

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Wilmer C. Ensor M.D.

Address

Cockeysville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 179918

Attended by Dr.

Wilmer C. Enson
-of- Cockeysville Md.

Seen by Coroner

of

Information contained in this certificate re-
ceived from

Wilmer C. Enson M.D.
-of- Cockeysville -

Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Thomas Garrett
 Town County
 Govanstown Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 8

Age 6

2

0

Md.

~~Married~~~~Widow~~~~Divorced~~~~Colored~~~~Singl~~~~Widow~~~~Number of children living~~

Mother's

Maiden Name

Jas M Garrett.

92

Sophia Reynolds

Primary

Bronchial Pneumonia

How long sick

14 day's

Immediate

~~Accident, Suicide, Homicide~~

J C Hesse Mrs

Sta H Govans

Baltimore Md.

Mr Rich
and Register of Health

Dorcas Ann Gammill

Town

County

Died at Maryland Sine

Baltimore

MARYLAND

Date	1902	Month	11	Day	9	Age	65	Y.	M.	D.	Native of	Md	Occupation	Housekeeper
	Male		White		Married		Widow		Divorced					
	Female		Colored		Single		Widower						Number of children living	3

Husband of Wm Gammill

Father's Name Richard Gammill

Mother's Name Prudence Sparks

Cause of	Primary	Taking cold — 92	How long sick	6 days
Death	Immediate	Broncho Pneumonia	Accident, Suicide, Homicide	

Reported by

Daniel V Moyer MD
Maryland Sine

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Age 42

Balt. Co. Housewife

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Primary

Immediate

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU 72222



Name in Full

Certificate of Death

Emma Hamilton

Town

County

MARYLAND

Died at

Gorantown, Balto.

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 26

Age

69.

Penna.

Housewife.

Male

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Name

James A Hamilton

Longneck

Cause of

Primary

Dysphoid.

How long sick

8 weeks

Death

Immediate

Perforation (?)

Accident, Suicide, Homicide

Reported by

Geo H. Koeberling M.D.

Address

Gorantown, Sta H. Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name

in
Full

Wm Henry Hare

CERTIFICATE OF DEATH

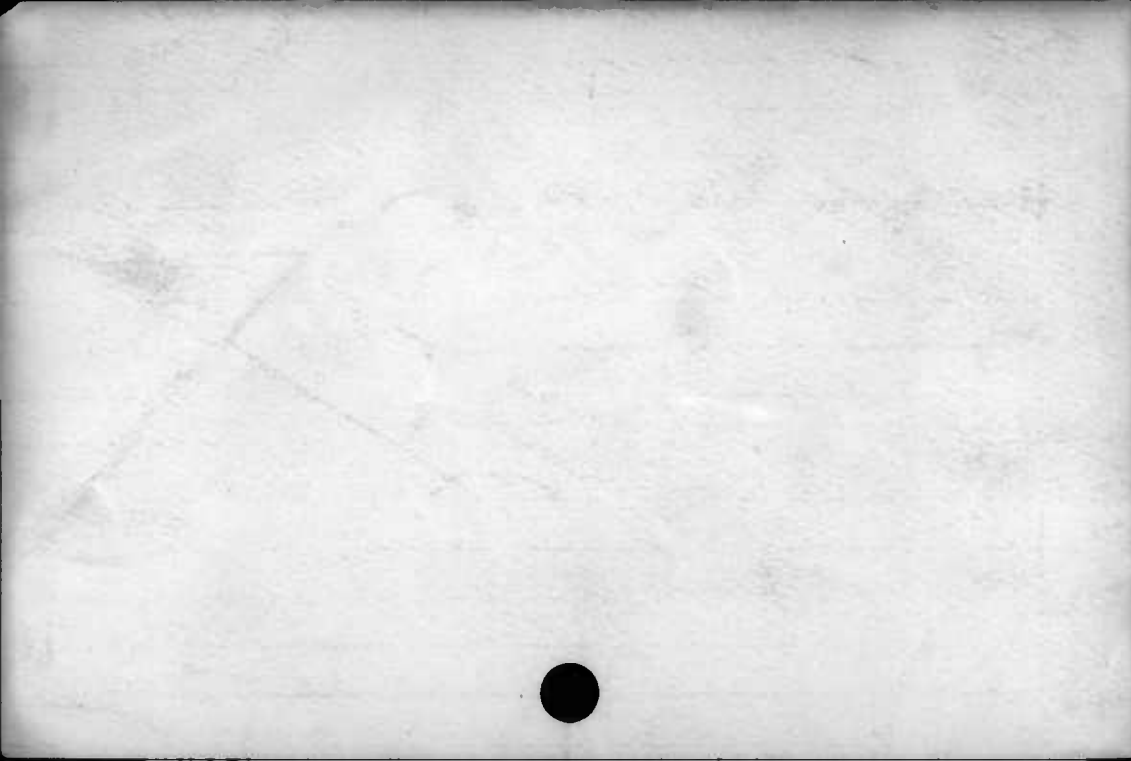
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Freeland		County Baltimore		MARYLAND	
Date of death 1902	Month Nov	Day 23	Age 44	Years	Months 1	Days 2	
Sex Male		Color or Race White		Birth- place Balto. Co. Md.			
Married, Single or Widowed Married		Occupation Blacksmith					
Name of Wife or Husband Mary Eliza Hare							
Father's Name Wm. B. Hare				Father's Birthplace Carroll Co Md			
Mother's Maiden Name Eleanor Kone				Mother's Birthplace Balto. Co. Md.			
Name of person giving Information Mary E Hare				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of the Liver	How long	8 Months
Immediate	Cancer of the Liver Hemic Priomicy	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Geo J Stone	
		Address New Freedom Pa	
Accident or Suicide?			



Name
in
Full

Mary Harryman

CERTIFICATE OF DEATH

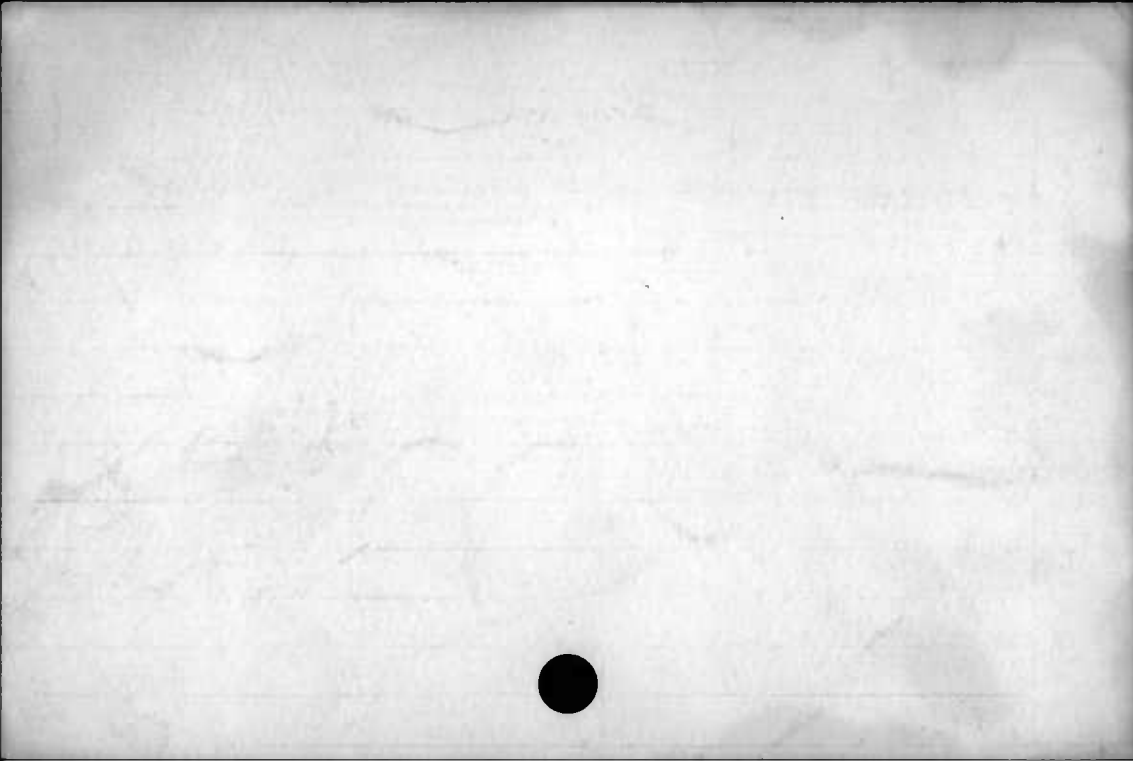
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	1902	Month	Nov	Day	27	Age	Years
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Balto Md</i>		Months <i>4</i> Days	
Married, Single or Widowed <i>-</i>				Occupation			
Name of Wife or Husband							
Father's Name <i>Chas Harryman</i>				Father's Birthplace <i>Balto</i>			
Mother's Maiden Name <i>Mary Ulrich</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>girl's father Chas Ulrich</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Convulsions</i>		How long <i>days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm J. Conrad</i>	
Accident or Suicide?		Address <i>Gardenville Md</i>	



Name In Full

Certificate of Death

Mary A. Hartzell

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Pikesville Baltimore
Nov 21st

Age

65 years

Penn a

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

two

Husband of

Frederick Hartzell MD

Wife

Father's

Name

Elias Gardner

Mother's

Maiden Name

Stannah Gardner
Mary A. Gardner

Cause of

Primary

Apoplexy

Lat

How long sick
2 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. P. O. Hysen

Address

Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Joseph Hayden

Town

County

Died at

Catoonsville

Ballo

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Nov.

7th

Age 65

Ireland

P.O. Clerk

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Annie Hayden

Father's

Name

Mother's

Name

68

Cause of

Primary

Melancholia

How long sick

about 3 years

Death

Immediate

Exhaustion from Melancholia

Accident, Suicide, Homicide

Reported by

W. Rushmer White M.D.

Address

Catoonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rachel A. Helwig

CERTIFICATE OF DEATH

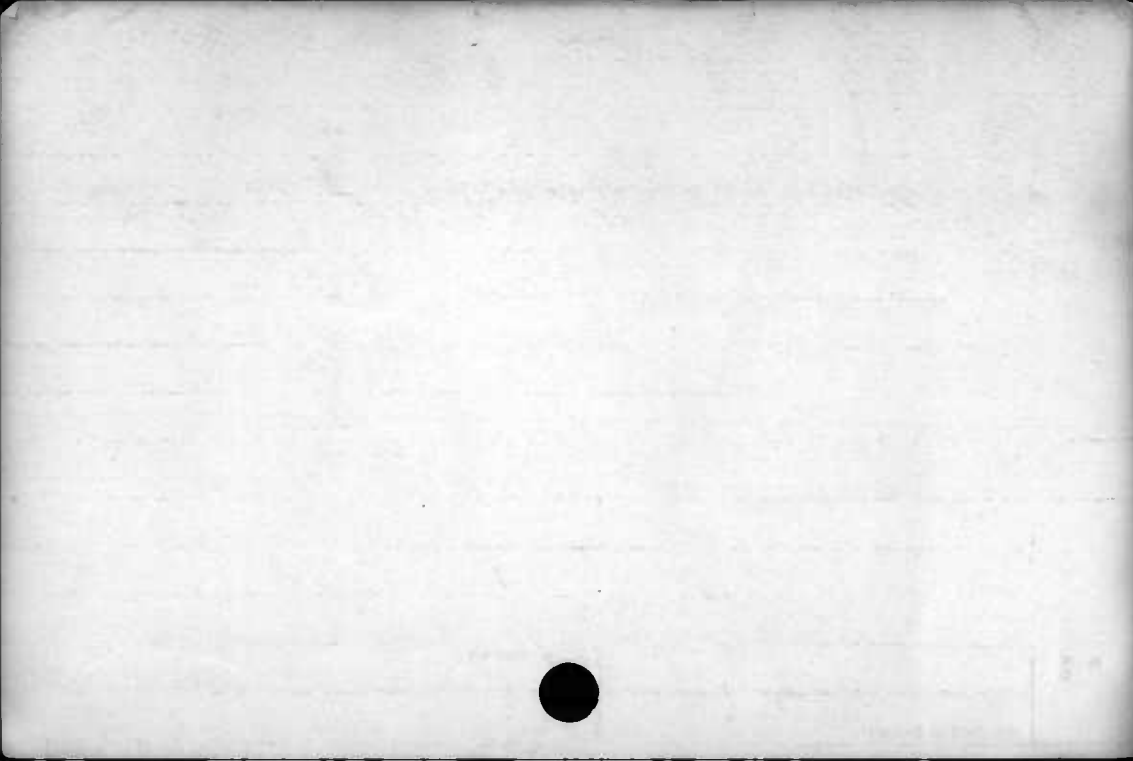
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Halethorpe</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>11</i>	Day <i>27</i>	Years <i>49</i>	Months —	Days —
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Balt Co. Md</i>		
Married, single or Widowed			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Rachel John. Helwig</i>					
Father's Name <i>Richard Randall</i>			Father's Birthplace <i>Balt Co. Md</i>		
Mother's Maiden Name —			Mother's Birthplace —		
Name of person giving Information <i>John Helwig</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis of the heart</i>	How long <i>79</i>
Immediate <i>Asphyxiation</i>	How long <i>116</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>August W. Miller, board</i>
	Address <i>1117 W. Main</i>
Accident or Suicide? <i>X</i>	<i>Balt Co. Md</i>



Still - born

Died at Philadelphia ^{Town} ^{County} Balt Co MARYLAND

Date 1897 ^{Month} Nov ^{Day} 3 ^Y ^M ^D Age Still born ^{Native of} Balt Co ^{Occupation}

☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☒ Widower ☐ Divorced ☐ Number of children living

Husband of _____

Wife _____

Father's Name Wm. S. Still Mother's Name Louisa Still

Cause of ☒ Primary ☐ Still born ☐ How long sick

Death ☒ Immediate ☐ Delayed ☐ Accident, Suicide, Homicide

Reported by W. G. Wynne - Reece M. D.

Address 2037 E. Preston St.

J. Herwig & Son

Baltimore

Cemetery

Charles Huber

Town

County

Died at

Perry Hall

Balto

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov. 12

Age

4

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Joseph Huber

Mother's

Maiden Name

Katharina
Hall

Cause of

Primary

Unknown

179

How long sick

Death

Immediate

Accident, Suicide, Homicide

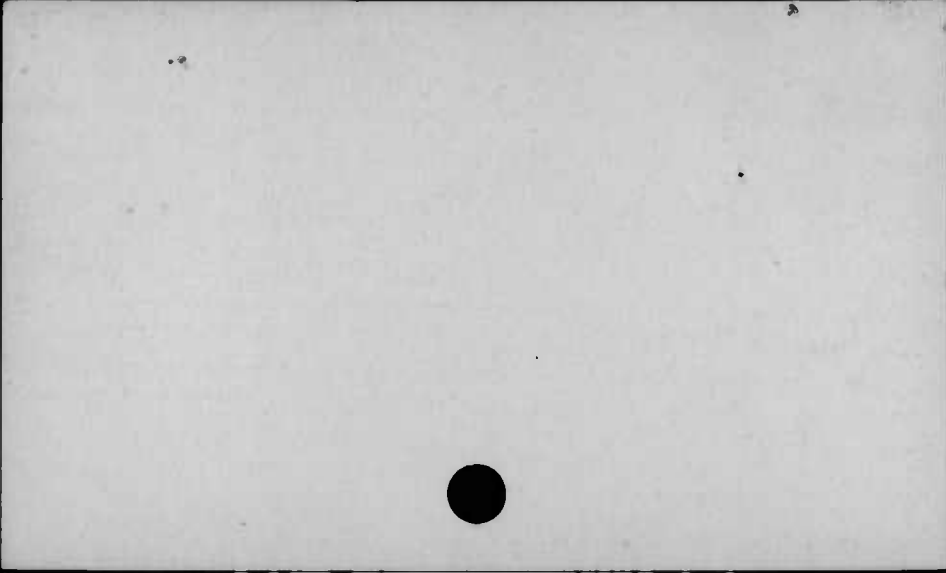
Reported by

Rev. Alfred Ballhorn

Address

Perry Hall - Balto Co - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Orville Hunt

58

Died at ^{Town} St. Bernis ^{County} Balto.

MARYLAND

Date 19 ^{Month} Nov ^{Day} 2 - 1902 | Age ^{Y.} 26 ^{M.} | ^{D.} Native of Md | Occupation Fireman

Male | White | Married | Widower | Divorced | Number of children living None

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widow~~

Husband of Mary Hunt

Wife

Father

Name

Mother's
Maiden Name

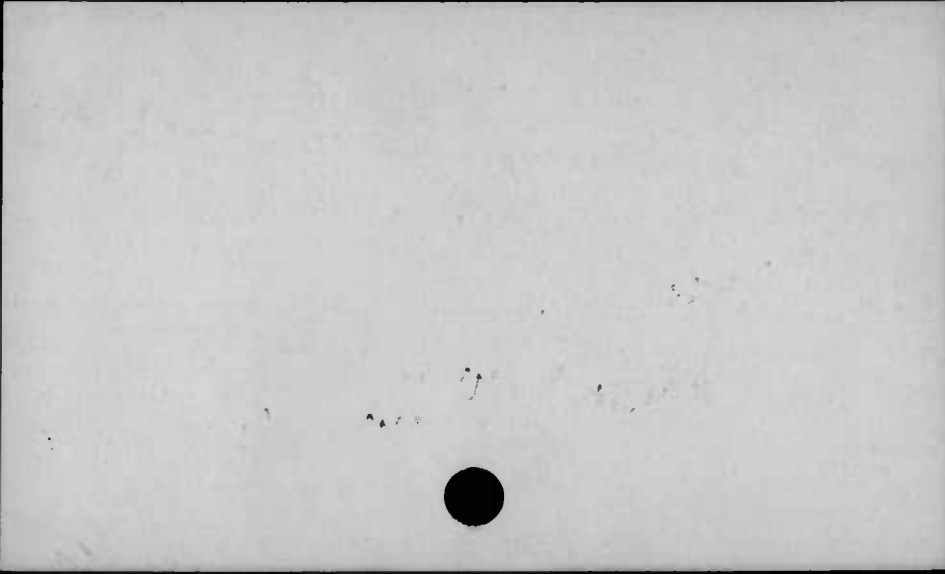
Cause of { Primary accident on Balto & Annapolis R.R.

Death { Immediate | How long sick | Accident, Suicide, Homicide

Reported by

Address H. E. Sultan 1166 St. Denis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Anna H Johnson

CERTIFICATE OF DEATH

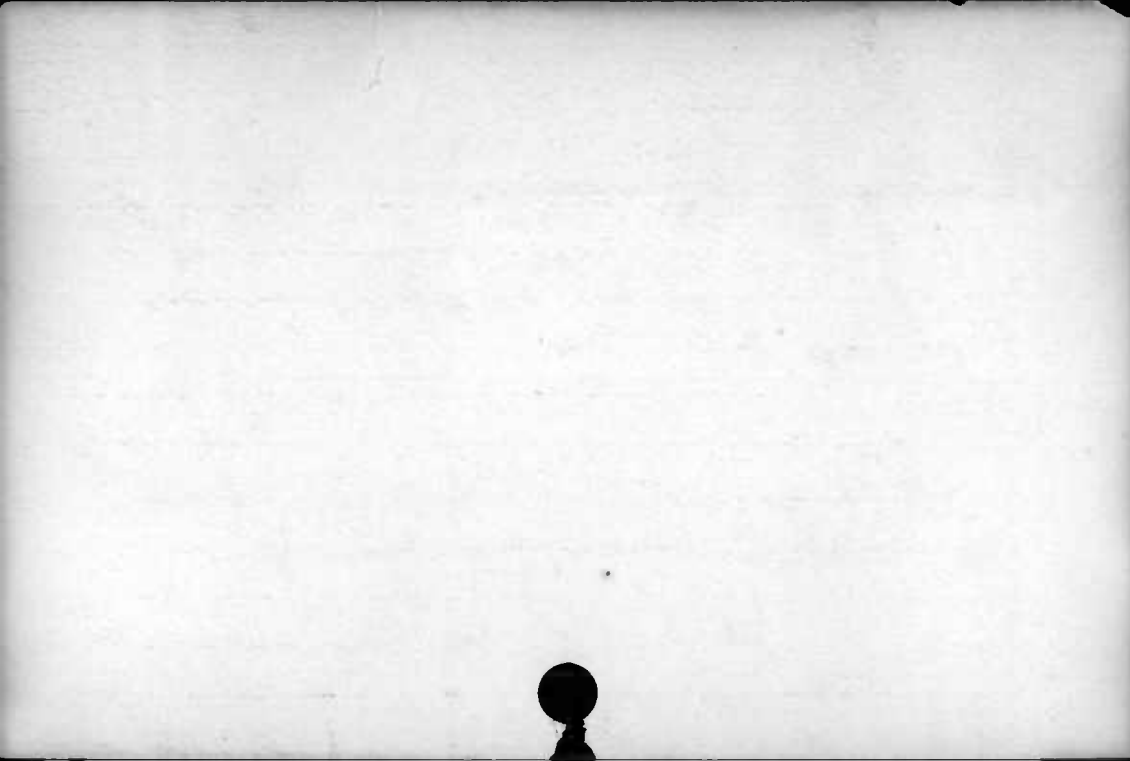
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>11</i>	Day <i>24</i>	Years <i>33</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>James Johnson</i>					
Father's Name <i>Francis Joseph Plummer</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Lizzy</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>James Johnson</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Eclampsia Puerperal</i>	How long	<i>13</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Taylor</i>	
<i>yes</i>		Address <i>Pikesville Md</i>	
Accident or Suicide?			



Mrs Eliza Moore Johnson
 Town County

Died at *Towson* *Balto.* MARYLAND

Date *1802* 11 16 Year 69 M. D. Native of *Wid* Occupation *Housewife*
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *2*

Husband of *John Johnson*
 Wife *John Johnson*
 Father's Name *Joseph Pearce* Mother's Name *Mary Ann Pearce*

Cause of Death { Primary *Esoteric Carcinoma* 40 How long sick *7 Mo.*
 Immediate *Cardiac Asthma* Accident, Suicide, Homicide

Reported by *J. Roy Star, Green, W. D.*
 Address *Towson Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Male

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Johnson

Town

County

Baltimore

MARYLAND

Month Day Y. M. D. Native of Occupation

Dec. 8 Age 3

Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

B. Johnson Maiden Name

Mother's

Susan Johnson

Primary Cholera Infantum

Immediate

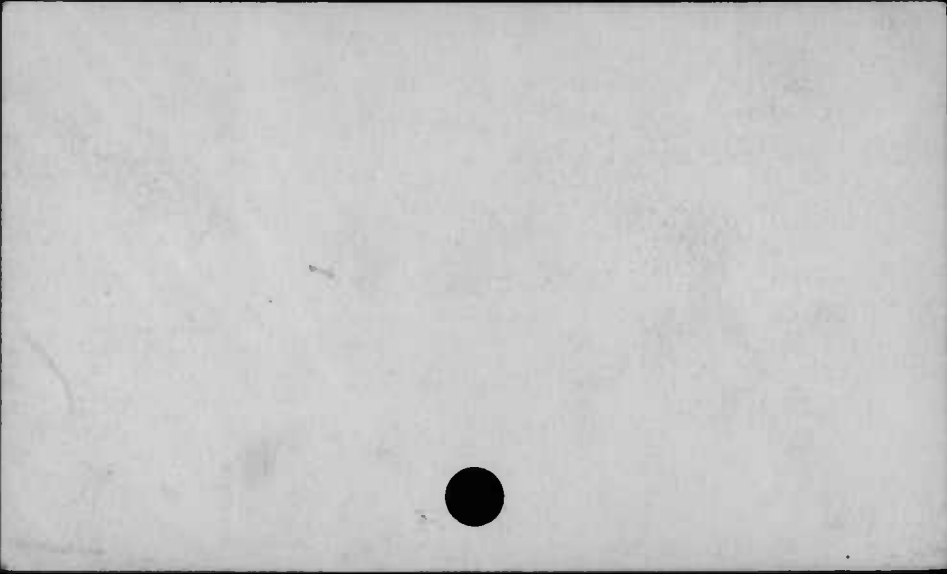
How long sick

Accident, Suicide, Homicide

A. C. Smith

105

LIBRARY BUREAU, 175558



Name In Full

Certificate of Death

Robert L. Klinefelter

Town

County

Died at

MARYLAND

Date 1902 Nov. 19th Y. M. D. Age 28 Native of Md Occupation Fireman
 Male White ~~Married~~ Widowed Divorced
~~Female~~ ~~Colored~~ Single ~~Widow~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

accidentally on

Death

Immediate

BROOK

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Mr. J. T. Tuckman & Son
Chestnut Ridge Conn

Name in Full		Jacob Knodle				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Leatsville		Bullo					
	Date of death 190		Month	Day	Age	Years	Months	Days
	2		Mr	16	45			
	Sex		Color or Race		Birth-place			
	Male		white		Md.			
	Married, Single or Widowed		Occupation					
Married		Teamster						
Name of Wife or Husband		X						
Father's Name		X				Father's Birthplace X		
Mother's Maiden Name		X				Mother's Birthplace X		
Name of person giving information		—				How related to deceased —		

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary		How long
	Sub-acute Malaria.		10 days.
	Immediate		How long
	Ch Interstitial Nephritis		4 mo.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Percy Knodle.	
		Address	
		Leatsville	
Accident or Suicide?		No.	

David McTear
833 Linden Ave.

Remond Hager Town

Name
in
Full

Francis Stoder

CERTIFICATE OF DEATH

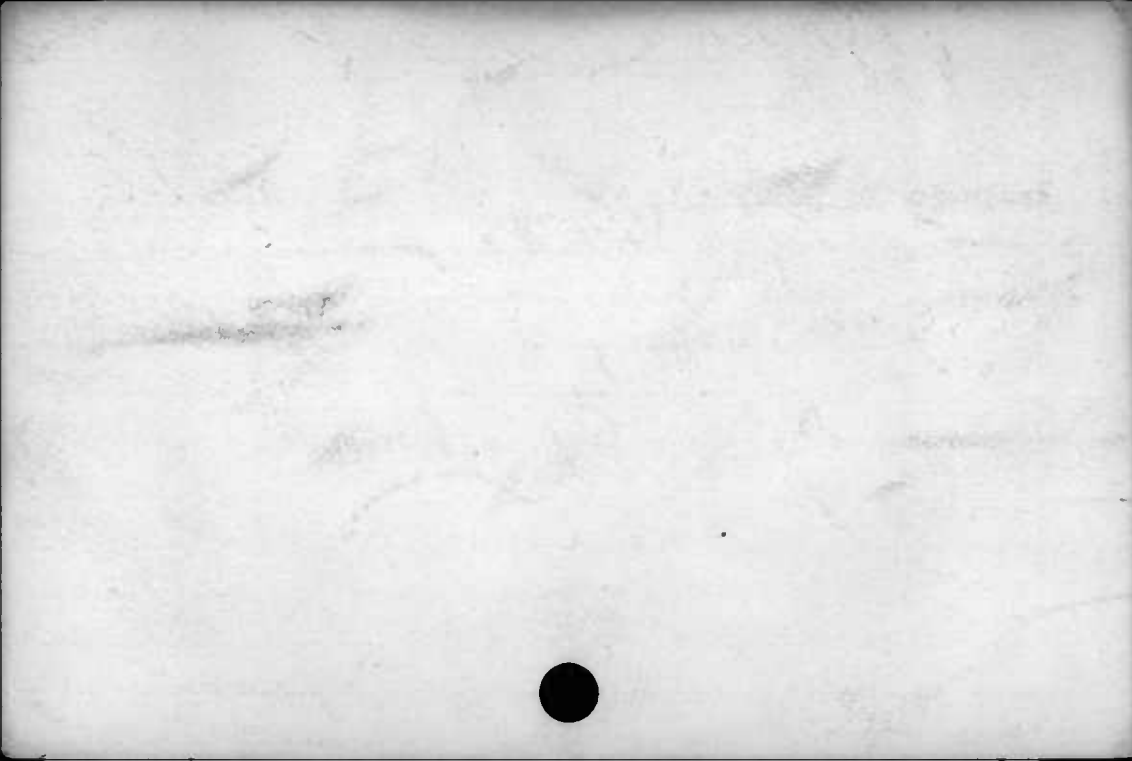
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> ^{Town}		County		MARYLAND	
Date of death 1902	Month <i>Nov</i>	Day <i>5</i>	Age <i>81</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Barbara Stoder</i>		Occupation		
Father's Name <i>Joseph Stoder</i>	Mother's Maiden Name <i>97</i>		Father's Birthplace <i>—</i>		
Name of person giving Information <i>Barbara Stoder</i>		Mother's Birthplace <i>—</i>			
		How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ischemia</i>	How long
Immediate <i>Heart complications</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Miller</i>
	Address <i>Catonsville</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

William H. Korstner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 1902	<i>Nov</i> <small>Month</small>	<i>18</i> <small>Day</small>	Age <i>43</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Photographer</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>fat</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Paralysis (Specific)</i>	How long
Immediate <i>Ex - Mania Acute</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Mt Hope Retreat Baltimore, Md</i>
Accident or Suicide? <i>—</i>	

Holy Redeemer Cemetery

Nov. 21st 1902

Germanus France

Undertaker.

Name in Full

Certificate of Death

John Langkam.

Died at Perry Hall Town Baltimore County MARYLAND
 Date 1902 Month Nov. Day 2nd Y. 94 M. 4 D. 0 Native of Germany Occupation Cabinet-maker
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Barbara Otto
 Wife of
 Father's Name Otto Mother's Name 154

Cause of Death { Primary Old Age Immediate 154
 How long sick In bed 2 weeks
 Accident, Suicide, Homicide

Reported by H. J. Harrison, M.D.
 Address Lock Raven.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

St Michael
Lassiter & Son

Name
in
Full

Humphrey Dilon T. Lashley


CERTIFICATE OF DEATH

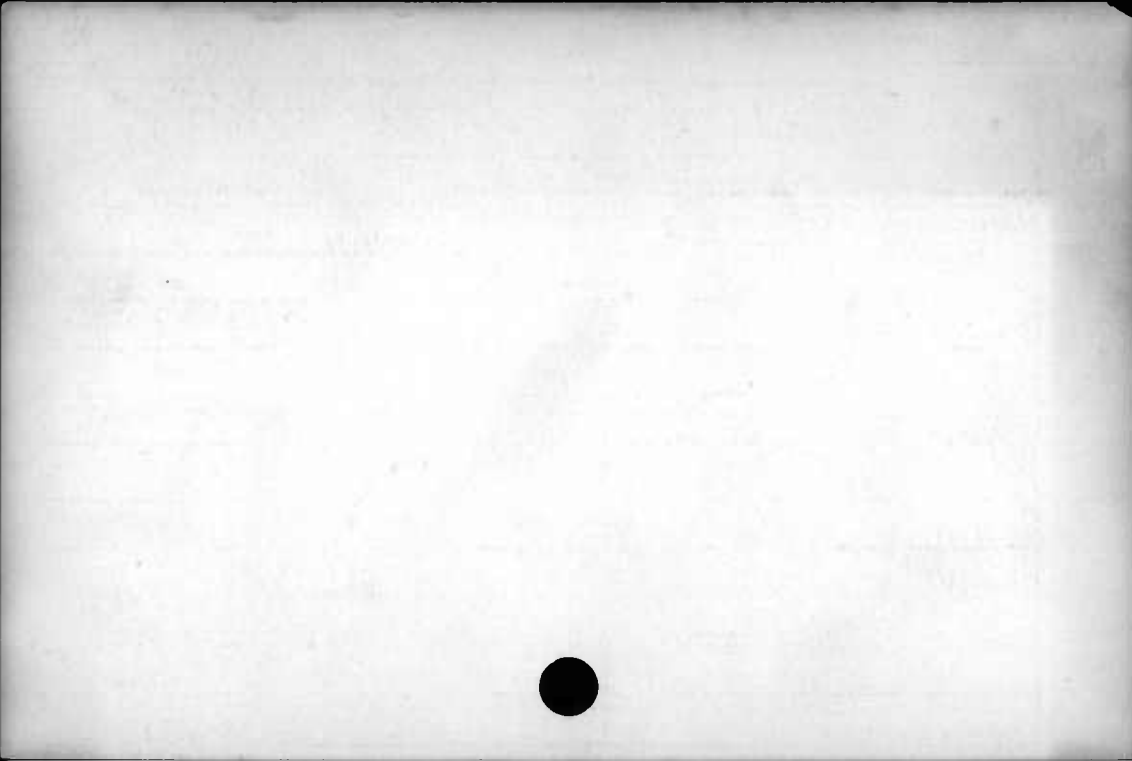
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> <small>Town</small>		<i>Belts</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov.</i>	Day <i>18th</i>	Years <i>26</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Bedford Pa.</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>Bar tender</i>			
Name of Wife or Husband <i>Rosa Lashley</i>					
Father's Name <i>Henry Clay Lashley</i>			Father's Birthplace <i>Elvinsville Pa.</i>		
Mother's Maiden Name <i>Lobitha Deacons</i>			Mother's Birthplace <i>do.</i>		
Name of person giving information <i>John R. Lashley</i>			How related to deceased <i>brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute alcoholism & Fracture of Femur</i>	How long <i>4 days</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Rushmer White M.D.</i>
	Address <i>Catonsville Md.</i>
	
Accident or Suicide?	



Name in Full

Certificate of Death

Leresa Saty

Town

County

MARYLAND

Died at

Benton

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov

5th

Age

1-2-

16

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

William Saty

Mother's

Maiden Name

Annie Cleaver

Cause of

Primary

Pneumonia

How long sick

7 days

Death

Immediate

Convulsions 93

~~Accident, Suicide, Homicide~~

Reported by

C. H. Otter

Address

2 Hudson St. Ex

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery

Nov. 7th 1902

Germanus France

Under Later

Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1892

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Mar 26

Age

61

7

25

Md

Millwright

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living, 8

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

1

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George Laeffler

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

11

1

Age

8

-

-

Md.

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

-

Husband of

Wife

Father's

Name

Mother's

Maiden Name

John T. Laeffler

Cecilia Becker

Cause of

Primary

~~Pneumonia~~

How long sick

2 mon & 1/2

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

E. J. Williams

Address

93



1104 Chicago

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Sacred Heart Cemetery

Dec. 4th 1902

Germanus Thane

Under later

Name in Full

Certificate of Death

Isabella Lyons

Died at ^{Town} Catonsville ^{County} Baltimore MARYLAND

Date 1899 Nov 9 Y. M. D. Age 4

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband
of
Wife

Father's Name	Harry Lyons	Mother's Name	Mary Matthews
---------------	-------------	---------------	---------------

Cause of Death	Primary	Heaved too early	How long sick	1 month
	Immediate	Exhaustion	Accident, Suicide, Homicide	

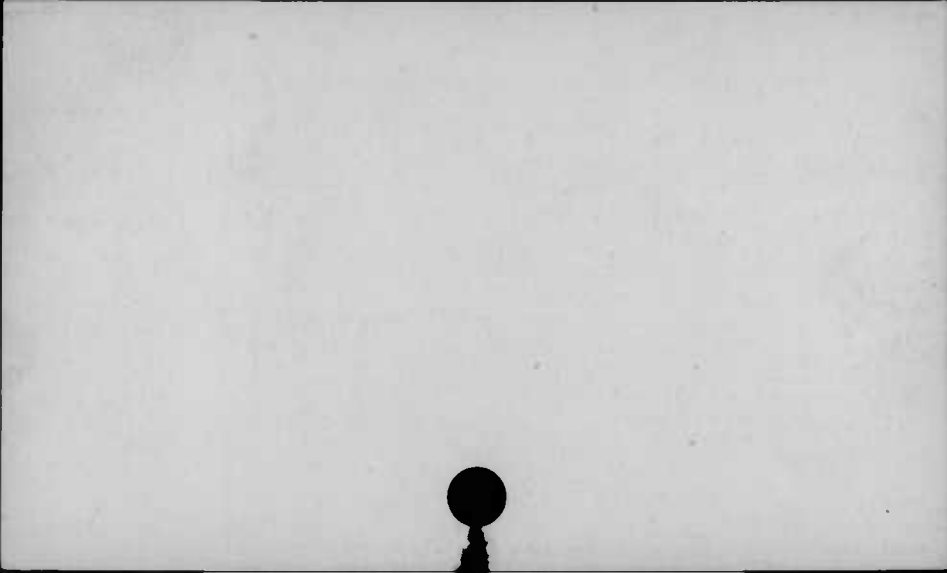
Reported by J. Whiteley

Address Catonsville

Maryland

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name
in
Full

Louisa M McBride

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mount Airy		County Rockingham		MARYLAND	
Date of death 190		7	Month 11	Day 14	Age 54	Years 54	Months 8
Sex Female		Color or Race White		Birth-place Chester Co Pa		Days 6	
Married, Single or Widowed Single		Occupation Teacher					
Name of Wife or Husband							
Father's Name James M McBride				Father's Birthplace Newark Del			
Mother's Maiden Name Hannah Strickland				Mother's Birthplace Chester Co Pa			
Name of person giving information Mary A. McBride				How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Melancholia	How long	1 Year
Immediate	Insurrection	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. B. Mitchell	
Yes		Address Hertford N.C.	
Accident or Suicide?			



Name
in
Full

Katherine McColgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Juxido Park</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>11</i>	Day <i>24</i>	Age <i>57</i>	Months <i>11</i>	Days <i>--</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housewife</i>		
Name of Wife or Huband <i>Patrick McColgan</i>					
Father's Name <i>Charles Syman</i>			Father's Birthplace <i>Holland</i>		
Mother's Maiden Name <i>Honor Bosley</i>			Mother's Birthplace <i>Baltimore Co.</i>		
Name of person giving information <i>Mrs Mary McColgan</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion (supposed)</i>	How long <i>about one hour</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>L. Gibson Frack</i>
<i>This patient was found dead on arrival of Physician</i> <i>Accident or Suicide?</i>	Address <i>Roland Park Md.</i>

Ans

Name
in
Full

Cosmo Taylor Mackenzie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Catonsville

Town

Baltimore

County

MARYLAND

Date

of death 190

2

Month

11

Day

3

Age

Years

70

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Baltimore City

Married, Single
or Widowed

Single

Occupation

Retiree

Name of Wife or
HusbandFather's
Name

Thomas Mackenzie

Father's
Birthplace

Baltimore City

Mother's
Maiden Name

Lucy Norbury

Mother's
Birthplace

Baltimore City

Name of person giving
Information

Mr. Mackenzie

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Chronic Nephritis

120

How long

3 years

Immediate

Chronic Convulsions + Inanition

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

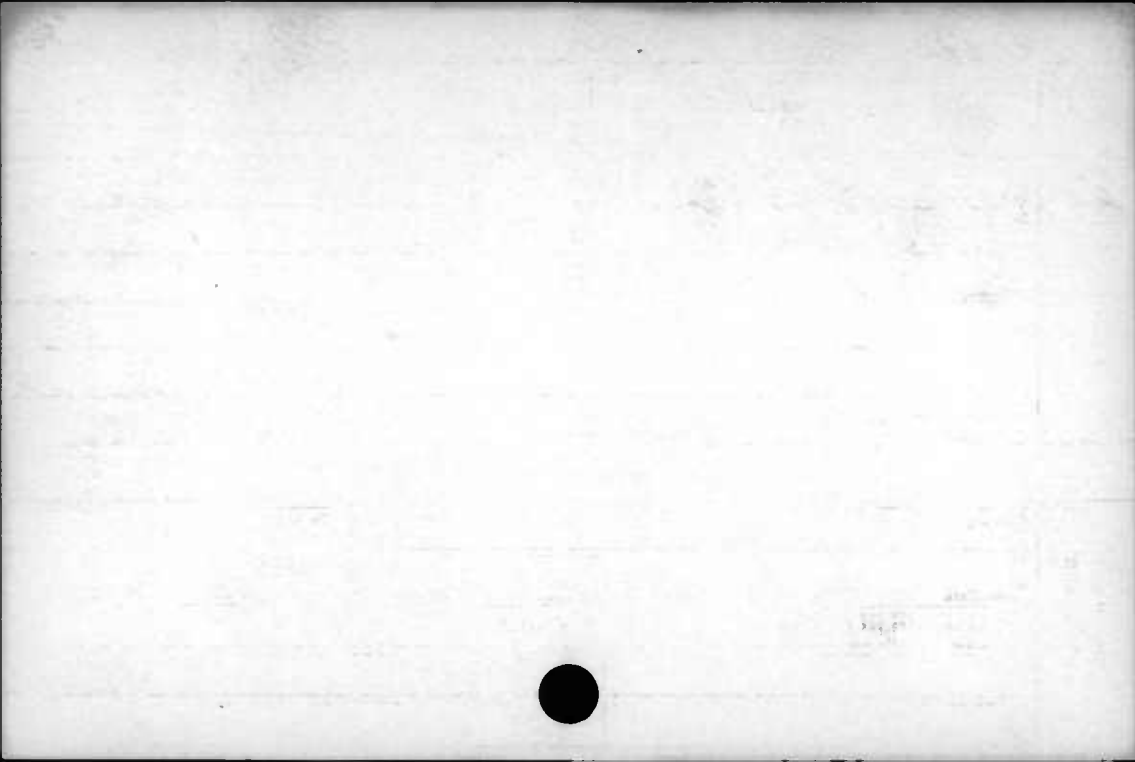
Chas. Macgill

Catonsville

Accident or Suicide?

M.D.

PHYSICIAN
OR CORONER



Name
in
Full

Barbara Matthews

CERTIFICATE OF DEATH

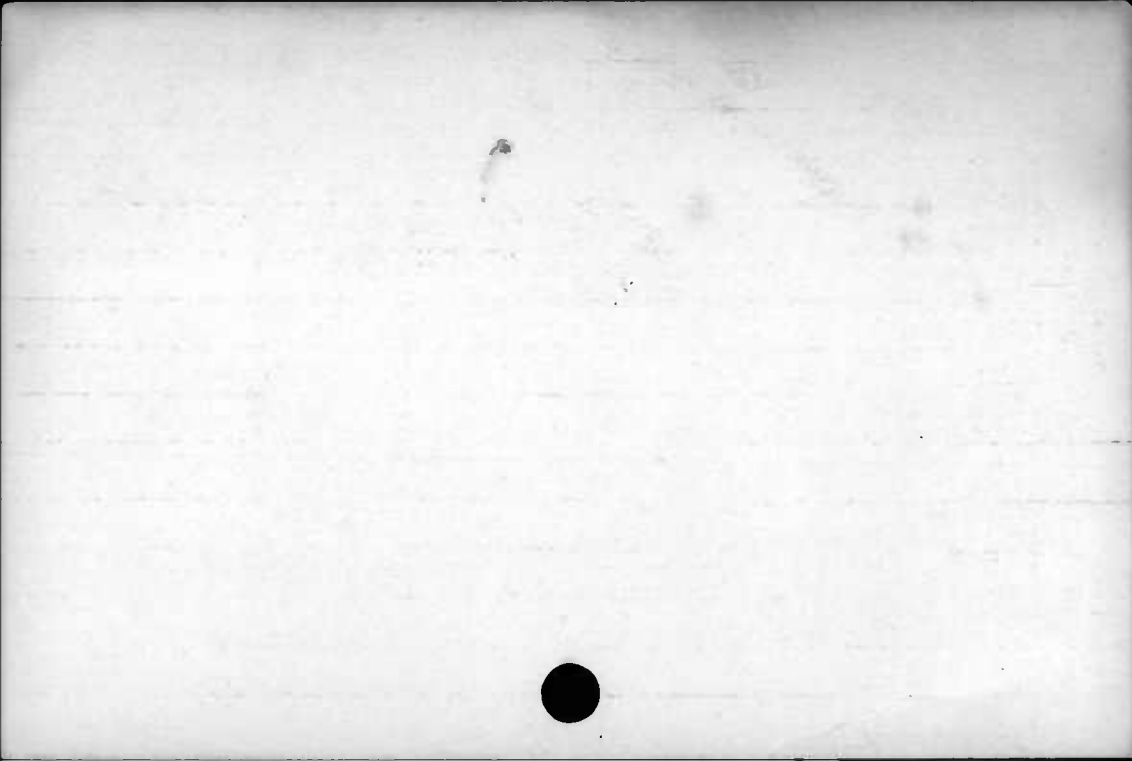
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>waclaw</i>		County <i>Balto</i>		MARYLAND	
Date of death 190	2	Month <i>Nov</i>	Day <i>17</i>	Age <i>34</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Austria</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>Her</i>					
Name of Wife or Husband <i>John Matthews</i>							
Father's Name <i>Geo Smatl</i>		Father's Birthplace <i>Austria</i>					
Mother's Maiden Name <i>B</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>Frank Matthews</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>one week</i>
Immediate <i>asthma</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Hays</i>	
	Address <i>Middle River Md</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

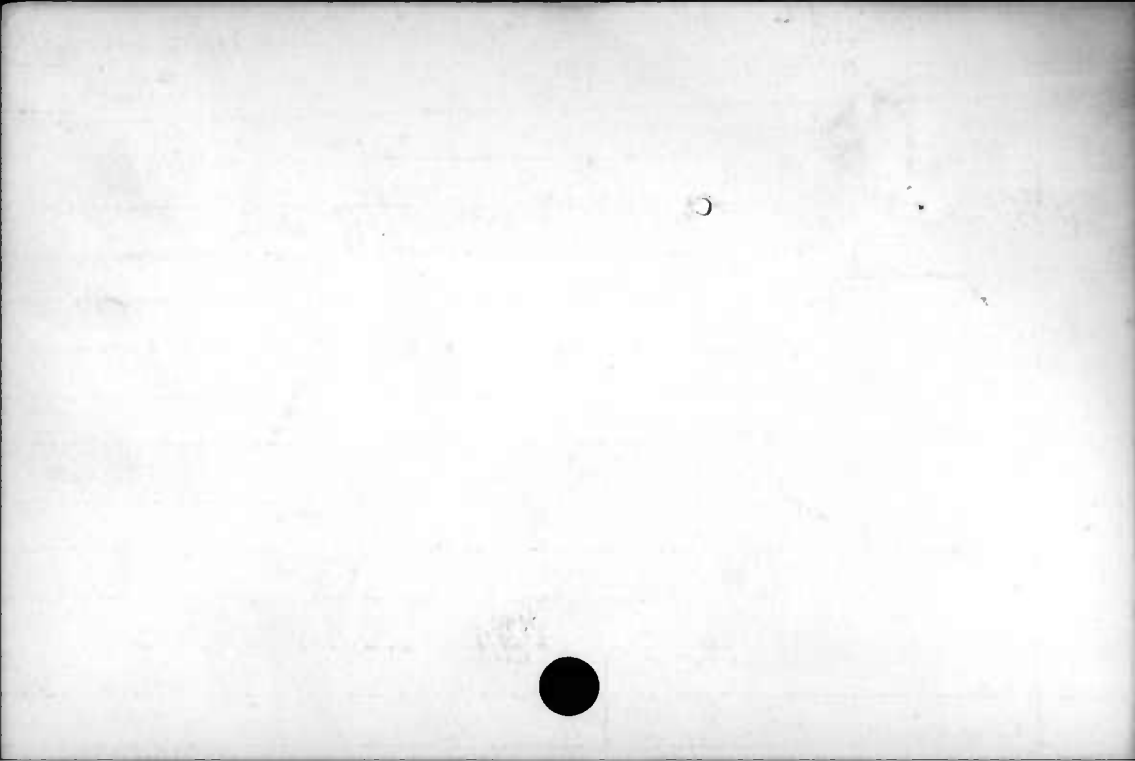
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>10916 North Road</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>21</i>	Age <i>36</i>	Years <i>36</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>				
Single <i>Married</i>			Occupation <i>Housewife</i>				
Name of Wife <i>Husband</i> <i>Edward Mitchell</i>							
Father's Name <i>—</i>			Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>				
Name of person giving information <i>Husband</i>			How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>1 year</i>
Immediate <i>"</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. H. Bond - M.D.</i>
	Address <i>803 Park Avenue</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joseph W. Monroe*

Died at *Canton* Town *Baets* County

Date of death *1902* Month *Nov.* Day *5* Age *28* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Baets*

Married, Single or Widowed *Married* Occupation *Driver*

Name of Wife or Husband *—*

Father's Name *Joseph A. Monroe* Father's Birthplace *Native*

Mother's Maiden Name *Elizabeth Monroe* Mother's Birthplace *"*

Name of person giving information *Elizabeth Monroe* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *4 months*

Immediate *Exhaustion* How long *27*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *David S. Jones*

Address *3118 O'Donnell St.*

Accident or Suicide? *—*

Mt Carmel Cu
H Sander & Sons

Name in Full

Certificate of Death

Hattie Myers

Town

County

Baltimore

Died at

Pomfret

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 19

Age

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Mother's

Maiden Name

79

Cause of

Primary

How long sick

Death

Immediate

Duration of Illness

Accident, Suicide, Homicide

Reported by

Officer Pratt, R.A. Brown Esq.

Address

Columpton

Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Arthur Hapcoir

Town

County

Died at

Leatonsville Baltimore

MARYLAND

Date 1902 Nov 1 Age 50 Native of New York, Occupation Policeman

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband
of

Fannie Hapcoir

Father's
Name

Don't know

Mother's
Name

Don't know

Cause of

Primary

Death

Immediate

27
Consumption

How long sick

3 years

Accident, Suicide, Homicide

Reported by

J. Whiteley M.D.

Address

Leatonsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79700



Name in Full

Certificate of Death

George R. Nolan

Town

County

Died at

MARYLAND

Date 1902

Month Day

Age

Y. M. D.

Native of

Occupation

Nov. 7

1 - 3 - 16

Md

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~~~Number of children living~~~~Husband~~
~~of~~
~~Wife~~

Father's

Mother's

Name

Maiden Name

Isreal Nolan

Sallie Custer's

Cause of

Primary

Spurine meningitis

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

J. W. S. Green M.D. 614
Sitting 7th.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Nora Norris

CERTIFICATE OF DEATH

Died at *Mt Hope* ^{Town} *Leban**Bullo* ^{County}

MARYLAND

Date of death 190 *2* Month *Nov* Day *23rd* Age *25* ^{Years} Months *—* Days *—*Sex *Female* Color or Race *white* Birth-place *—*Married, Single *Single* or Widowed *—* Occupation *—*Name of Wife or Husband *—*Father's Name *—*Father's Birthplace *—*Mother's Maiden Name *—*Mother's Birthplace *—*Name of person giving information *—*How related to deceased *—*

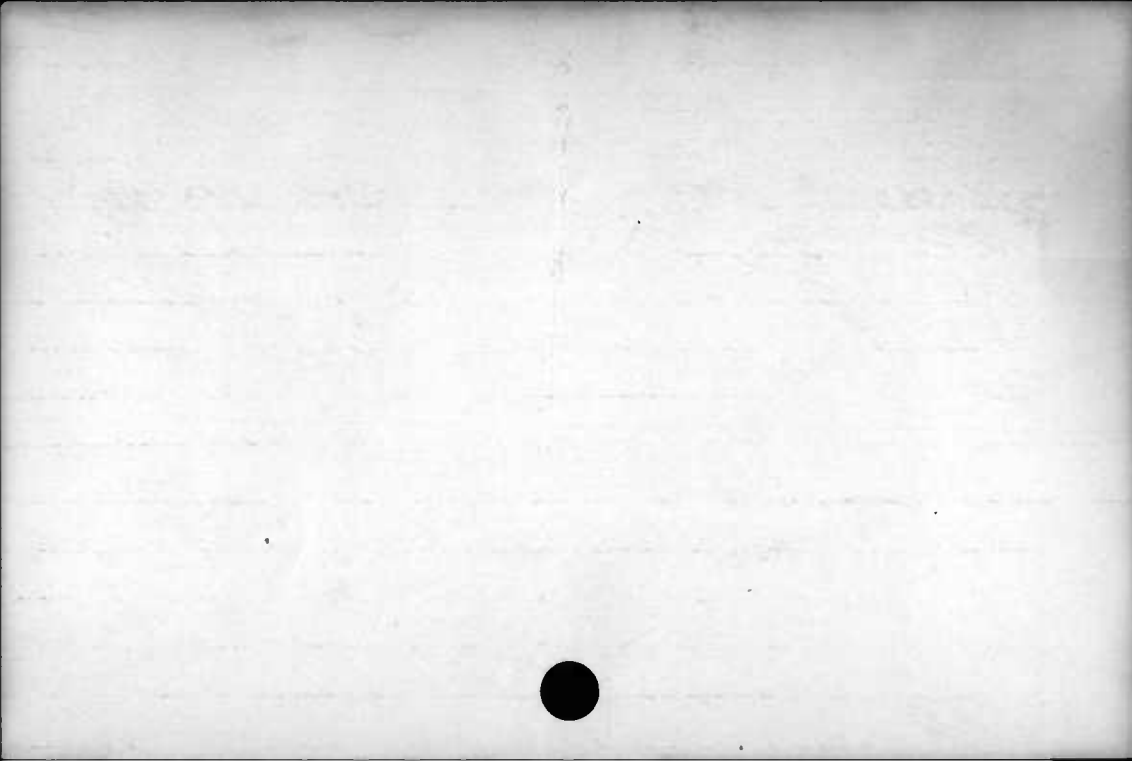
CAUSES OF DEATH

Primary *Chronic*
*Mania Acute Ex Pul. Tuberculosis*How long *—*Immediate *EX -*How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Frank J. Flannery*Address *Mt Hope*

Accident or Suicide?



Name in Full

Certificate of Death

George H. Orr

Town

County

Died at

Highland

Balto

MARYLAND

1902 Month Day Y. M. D. Native of Occupation

Date 189 11 10 Age 52 - - U.S. Army

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Remittent fever

How long sick

1 day

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. S. Warner

Address

1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1902

Western Cemetery

H. Sanders & Sons

Name in Full

Certificate of Death

Ralph Pierce

Died at

Town Balto Co. County Annapolis

MARYLAND

Date 1902

Month 11

Day 5

Y

M.

D.

Native of

Occupation

Age 82

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary F. Powell

CERTIFICATE OF DEATH

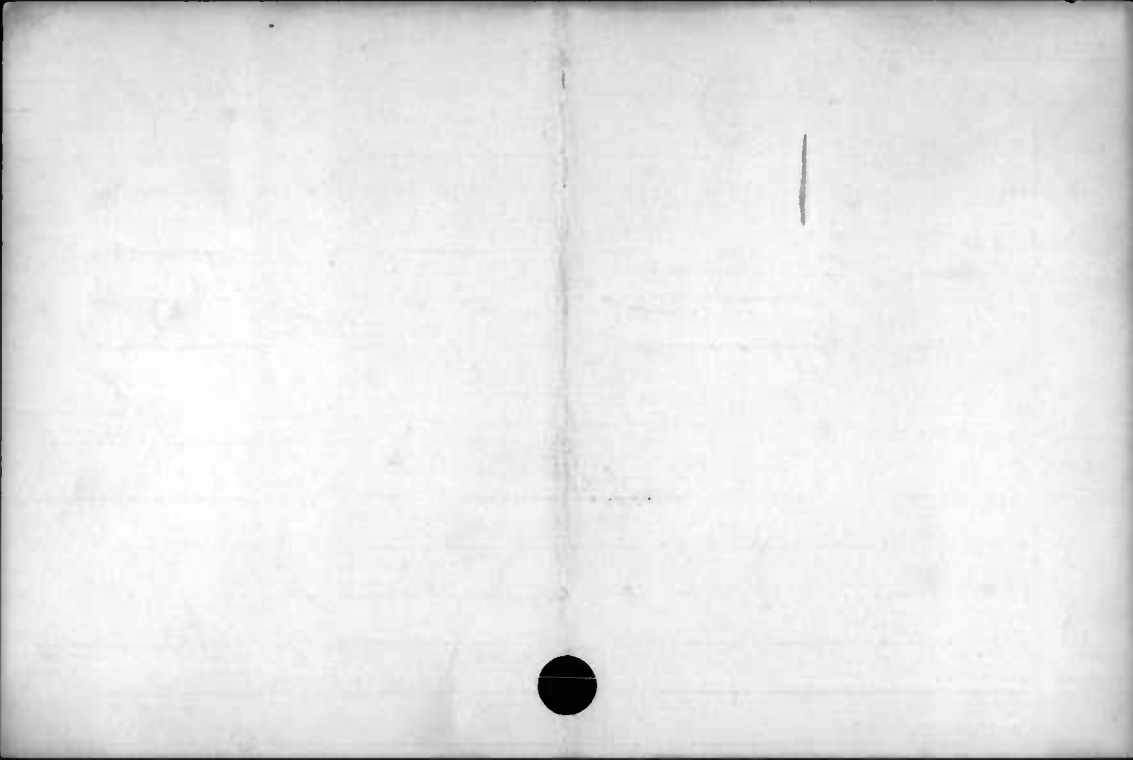
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Butler</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 1902	Month <i>11</i>	Day <i>10</i>	Age <i>43</i> Years	Months <i>0</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Butler</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>George Powell</i>					
Father's Name <i>William Brown</i>			Father's Birthplace <i>Butler</i>		
Mother's Maiden Name <i>Caroline C. Williams</i>			Mother's Birthplace <i>Chydron</i>		
Name of person giving information <i>"Mother"</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>Six weeks</i>
Equal to Immediate <i>Meningitis (Exhaustion)</i>	How long <i>Four weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Drash</i>
	Address <i>Butler Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

William Purper

64

Died at Mt Miners

County

Baltimore

MARYLAND

Date 1902	Month 11	Day 28	Y.	M.	D.	Native of	Occupation
Male	White	Married	2	16		Ind	
Female	Colored	Single				Widow	Divorced
							Number of children living

Husband of X

Father's Name John W. Purper

Mother's

Maiden Name

Isabel Wescott

Cause of Death { Primary Marasmus
Immediate Exhaustion

How long sick

Since born

Accident, Suicide, Homicide

Reported by J. S. Hall

Address Mt Miners

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70892



Name in Full

Certificate of Death

Emma Viola Rayner

Died at ^{Town} Chestnut Ridge ^{County} Baltimore MARYLAND

Date 189 1902 Month Nov Day 6 Y. 1 M. 10 D. 29 Native of Maryland Occupation _____
~~Male~~ White ~~Married~~ ~~Widow~~ Divorced
 Female ~~Colored~~ Single ~~Widower~~ Number of children living _____

Husband of _____
 Wife of _____

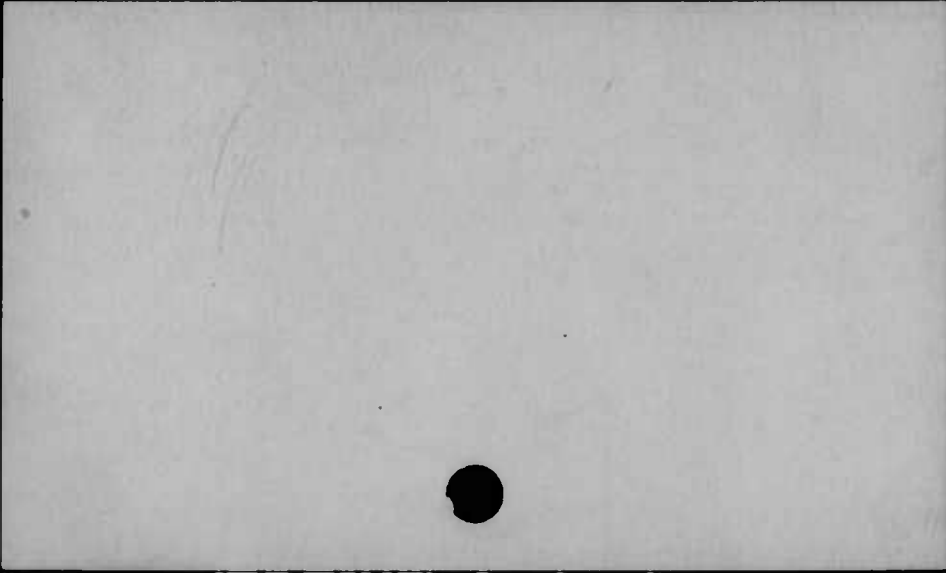
Father's Name Johna Rayner Mother's Name Emma Rayner

Cause of Death { Primary Gastro-enteritis How long sick Five days
 Immediate Meningitis 10
 Accident, Suicide, Homicide

Reported by W. E. Benson

Address Brooksville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hiram G Richardson

Town

County

MARYLAND

Died at

Highlandtown Balto

Date 189

1902

Month

Day

Y.

M.

D.

Native of

Occupation

11 26

Age

55 - -

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Kate Richardson

~~Wife~~

Father's

Mother's

Name

Name

Cause of

Primary

Paralysis

How long sick

6 mo. 2 yrs

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

A. L. Warner

Address

1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Mrs Nicholas & Son
London Post

Name
in
Full

Sabell Robertson

CERTIFICATE OF DEATH

Died at ^{Town} *Hallers Md* ^{County} *Baltimore*

MARYLAND

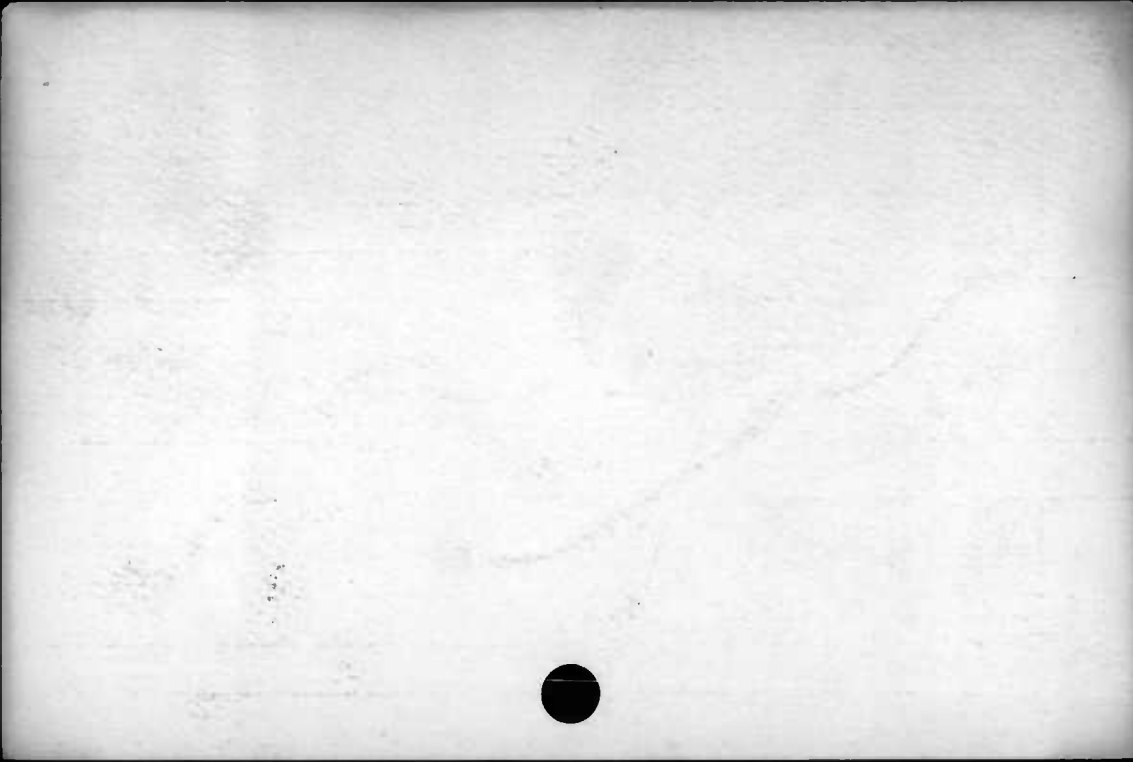
Date of death 190 *✓* Month *Nov* Day *14* Age Years Months *5* Days *3*Sex *Female* Color or Race *White* Birth-place *Hallers*Married, Single or Widowed *Single* Occupation *None*

Name of Wife or Husband

Father's Name *Elias E. Robertson*Father's Birthplace *Balto. City*Mother's Maiden Name *Kate Kissling*Mother's Birthplace *Reisterstown*Name of person giving information *Arthur E. Hallers*How related to deceased *Adopted*

CAUSES OF DEATH

Primary *Cholera Infantum 05*How long *One day*Immediate *Vomiting &c*How long *Two days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *A. E. Hallers*Address *1301 N. Central Ave
Baltimore, Md.*Accident or Suicide? *no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Sena Roemer

Died at ^{Town} Rosedale ^{County} Balto.

MARYLAND

Date 19 02 ^{Month} Nov ^{Day} 18 | Age 39 - - | ^{Native of} Germany ^{Occupation} Housework
^{Female} White ^{Married} Single ^{Widow} Divorced ^{Widower}
 Number of children living 3

Husband of John Roemer

Wife Don't know

Father's Name Don't know

Mother's

Don't know

Cause of

Primary

Phthisis

How long sick

70 days

Death

Immediate

Accident, Suicide, Homicide

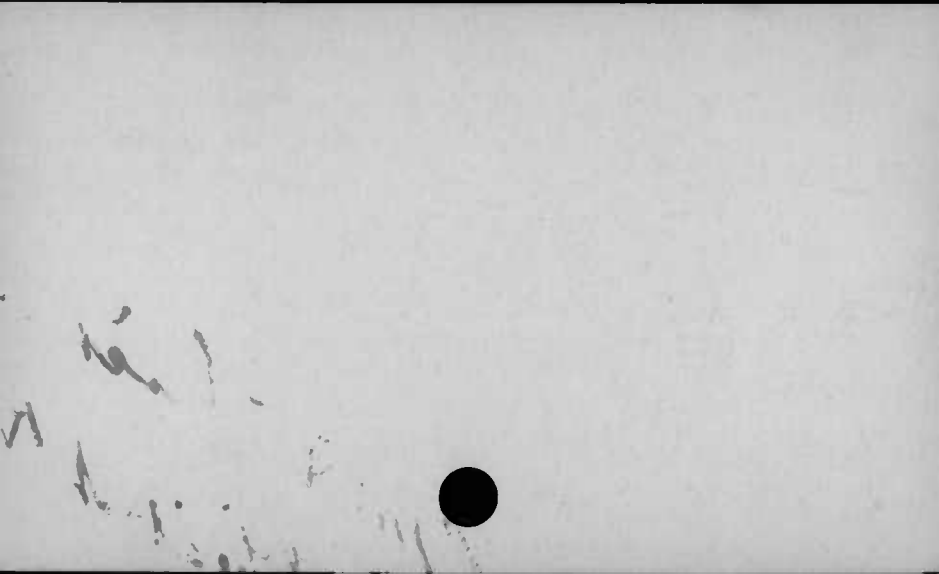
Reported by

J. C. Schofield M.D.

Address

1400 Twist St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Perry Rollings
 Town County

Died at

near Della
 Month Day

County

Baltimore
 Y. M. D.

MARYLAND

Date 1902

Nov 26
 Month Day

Age 70

Native of

Occupation

Farm Hand

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old Age

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

William Easton

154

Address

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Katie Roth

Town

Arlington

County

Baltimore

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 16

Age 21

Batts Co.

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Child~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

John W. Roth -

Mother's

Maiden Name

Lizzie Rickander

Cause of

Primary

Epilepsy -

How long sick

One day -

Death

Immediate

Status Epilepticus

~~Accident, Suicide, Homicide~~

Reported by

Chas D. Hill

Address

Arlington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Joseph Roger Russell

Town

County

MARYLAND

Died at

Cornigs Mills

Baltimore

Date

Month

Day

Years

Months

Days

of death 190

2

Nov.

25th

Age

21

Sex

Color or
Race

White

Birth-
place

Stonary County
Maryland

Married, Single
or Widowed

Single

Occupation

Wagon driver of the Mary-
land Reformatory & Training School

Name of Wife or
Husband

Father's
Name

J. L. Russell

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

No Relation

Name of person giving
Information

J. Heaters

How related
to deceased

CAUSES OF DEATH

Primary

Consumption

How long

Two or three years

Immediate

Heart Failure

How long

About 12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. Campbell, M.D.

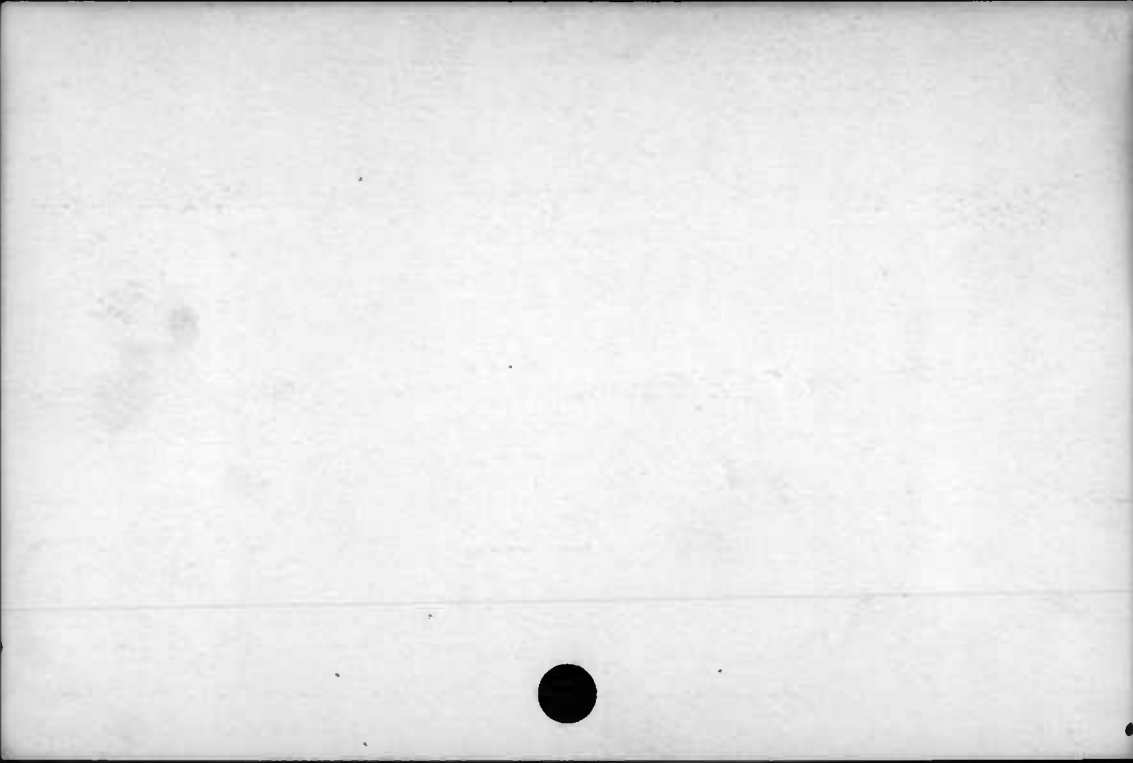
Address

Cornigs Mills, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

No Name Steve Born

CERTIFICATE OF DEATH

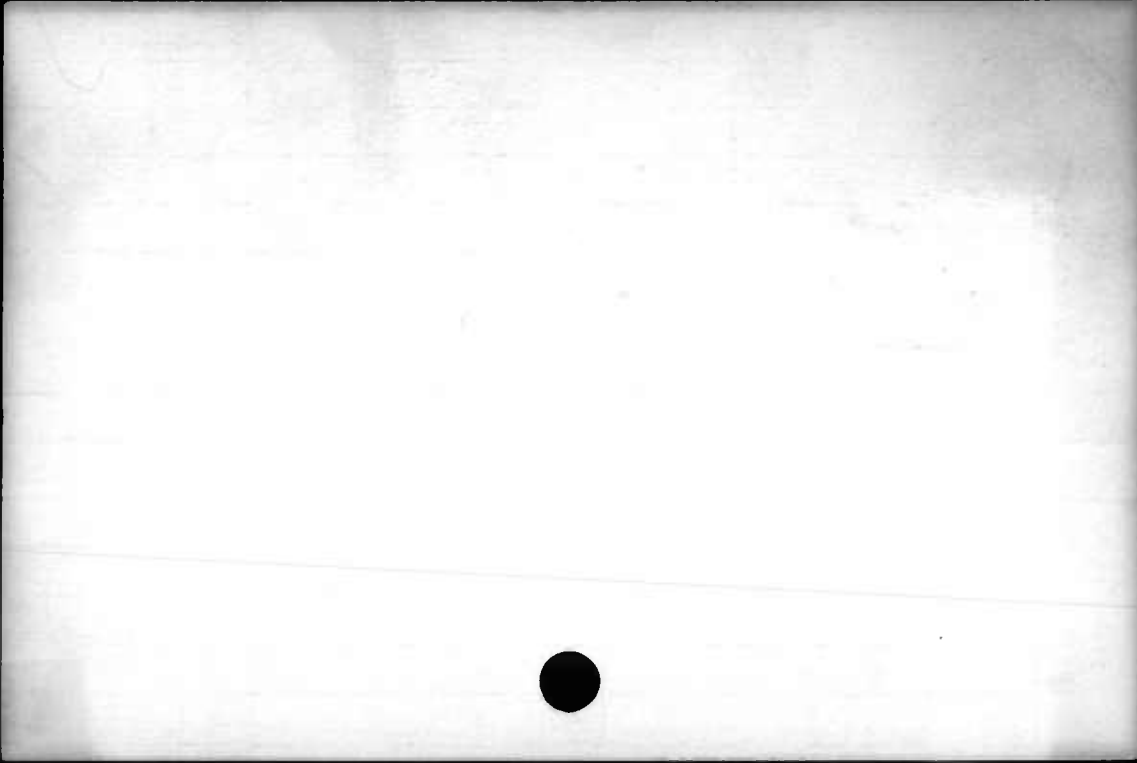
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamilton or Laramie</i>		Town		<i>Baer</i>		County		MARYLAND	
Date of death 1902	Month <i>November</i>	Day <i>28</i>	Age	Years	Months	Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hamilton</i>					
Married, Single or Widowed				Occupation					
Name of Wife or Husband <i>She is deceased</i>									
Father's Name <i>John DeCoffred</i>					Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Alie Duchman</i>					Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>August Duchman</i>					How related to deceased <i>Last surviving grand father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Steve Born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		Address	
Accident or Suicide? <i>No</i>		<i>Dr. F. & W. D. Come</i>	
		<i>Gardenville Ind</i>	



John J. Shamus

Town Shagwell County Shenandoah MARYLAND

Died at Shagwell

Date 19 22 Nov. 17 Y. 40 M. - D. - Nat. of Mr. Occupation Salesman

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living 27

Husband of _____

Wife of _____

Father's Name _____ Mother's Maiden Name _____

Cause of Death { Primary Pulmonary Tuberculosis Immediate Exhaustion } How long sick _____

Accident, Suicide, Homicide _____

Reported by Dr. Ryan

Address Shagwell Shenandoah

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wm A Shaw

61

Town

County

Died at

MARYLAND

Date

1902

Month

Day

11 18

Y.

M.

D.

Age

58

Native of

Md

Occupation

Pattern Maker

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband
of

Emma Shaw

Father's

Name

Mother's

Name

Cause of

Primary

Spinal Sclerosis

How long sick

2 mo

Death

Immediate

Comm

63

~~Accident, Suicide, Homicide~~

Reported by

W B Hall

Address

Mt Minns

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr......

of.....

Seen by Coroner.....

of.....

Information contained in this certificate received

from.....

of.....

Amelia Shutt

Died at ^{Town} Franklinton ^{County} Baltimore Co MARYLANDDate 1902 ^{Month} Nov ^{Day} 26 ^{Age} 58 ^{Y.} — ^{M.} — ^{D.} — ^{Native of} Germany ^{Occupation} none

Male	White	Married	Widow	Divorced	Number of children living
Female	Colored	Single	Widower		

Husband of John Shutt

Wife

Father's Name

Mother's Maiden Name

Cause of Death	Primary	Sudden	179 180	How long sick	Sudden
	Immediate			Accident, Suicide, Homicide	

Reported by August C. Luers Coroner

Address Dickersonville Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lizzie Singhas
 Town _____ County *Balto*

Died at

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
<i>1902</i>	<i>Nov</i>	<i>11</i>	<i>0</i>	<i>5</i>	<i>0</i>	<i>Md</i>	_____
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

~~Husband~~~~Wife~~

Father's Name *C. Jacob Singhas*

Mother's Name *Lena R. Singhas*

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	<i>Capillary Bronchitis</i>	<i>Exhaustion</i>	<i>one week</i>	

Reported by

J. Parsey Wallemeyer M.D.

Address

Alberton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name in Full

Certificate of Death

Lillian Smith

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Nov. 4th

Age

1 - 2 -

Md

None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

—

Husband

of

Wife

Father's

Name

Frederic W. Smith

Mother's

Maiden Name

Sophia Douglas

Cause of

Primary

Membranous Croup about 5 days

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

T. W. Schuessler M.D.

Jr. G. France

Address

1013 S. Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cem.

Nov 5th 1902

Germanus Pirance

Name in Full

Certificate of Death

Marie Smith

Diad at ^{Town} Canton ^{County} Balto MARYLAND

Date 1902 ^{Month} Nov. ^{Day} 1 ^{Age} Y. 0 M. 4 D. 0 ^{Native of} Canton ^{Occupation} none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of ☒ Wife

Father's Name J. P. Smith Mother's Maiden Name Julia Butkaro

Cause of Death { Primary Transition
 Immediate Convulsions 71
 How long sick 2 days
 Accident, Suicide, Homicide

Reported by Dr. A. J. Sauer

Address 3042 O'Donnell St Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John. Schuch
Meyers Cenn

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Clatsville

Balto

Date

2 Nov

Month

Day

Age

57

Months

Days

Sex

Male

Color or Race

white

Birth-place

Ind

Married, Single or Widowed

Single

Occupation

Artist

Name of Wife or Husband

x

Father's Name

x

Father's Birthplace

x

Mother's Maiden Name

x

Mother's Birthplace

x

Name of person giving information

x

How related to deceased

x

CAUSES OF DEATH

Primary

Terminal Illness

How long

7 years

Immediate

Enteritis

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*Gray, Wade
Clatsville, Ind*

Accident or Suicide?

NO

Name in Full

Certificate of Death

Town

Died at

Date 19

Male

Female

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mount Carmel
Joseph Rerr

5960

MARYLAND

Name in Full

John Waldman

Town

County

Died at

Mr. Williams

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1912

11-18

Age

56-8-

Germany

Wagoner

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Six

Husband

of

Wife

Kathleen Waldman

Father's

Name

Mother's

Name

Cause of

Primary

Strangulation 157

Death

Immediate

Strangulation

How long sick

Accident, Suicide, Homicide

Reported by

August H. Miller - Coroner

Address

Mr. Williams

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Katie G. Walsh

CERTIFICATE OF DEATH

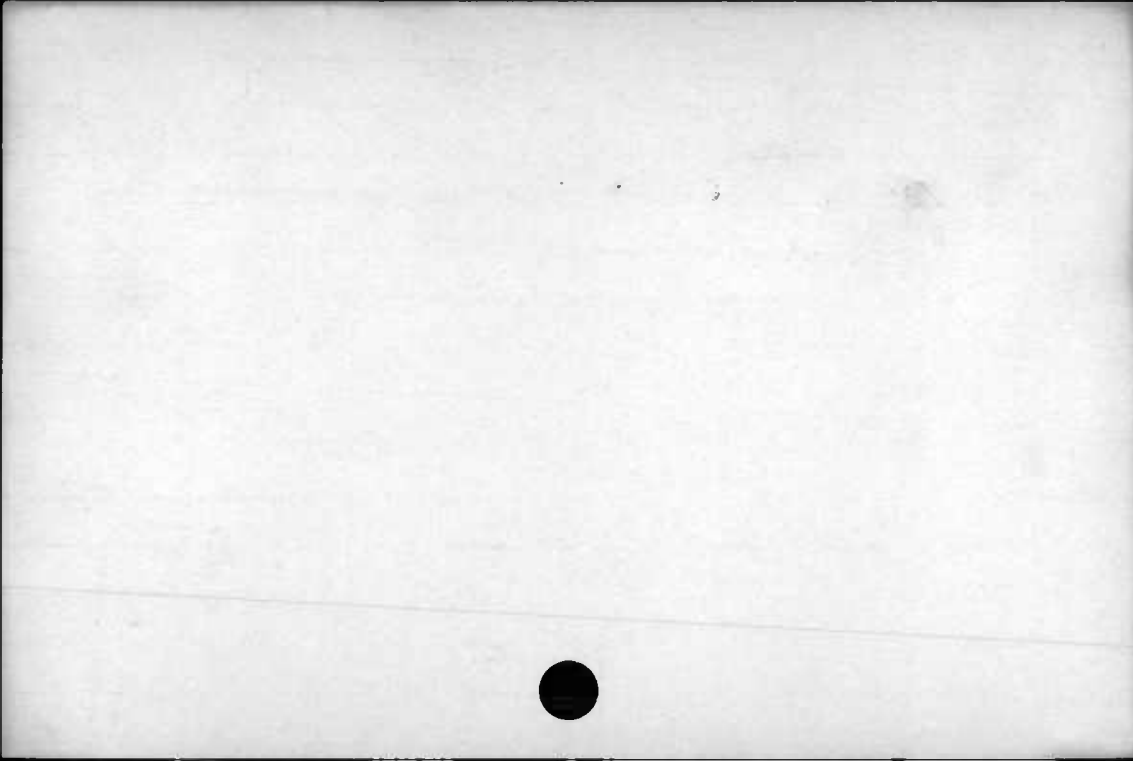
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wm Hope Retreat</i> Town		<i>Balto Co</i> County		MARYLAND	
Date of death 1902	Month <i>Nov.</i>	Day <i>9</i>	Years <i>29</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

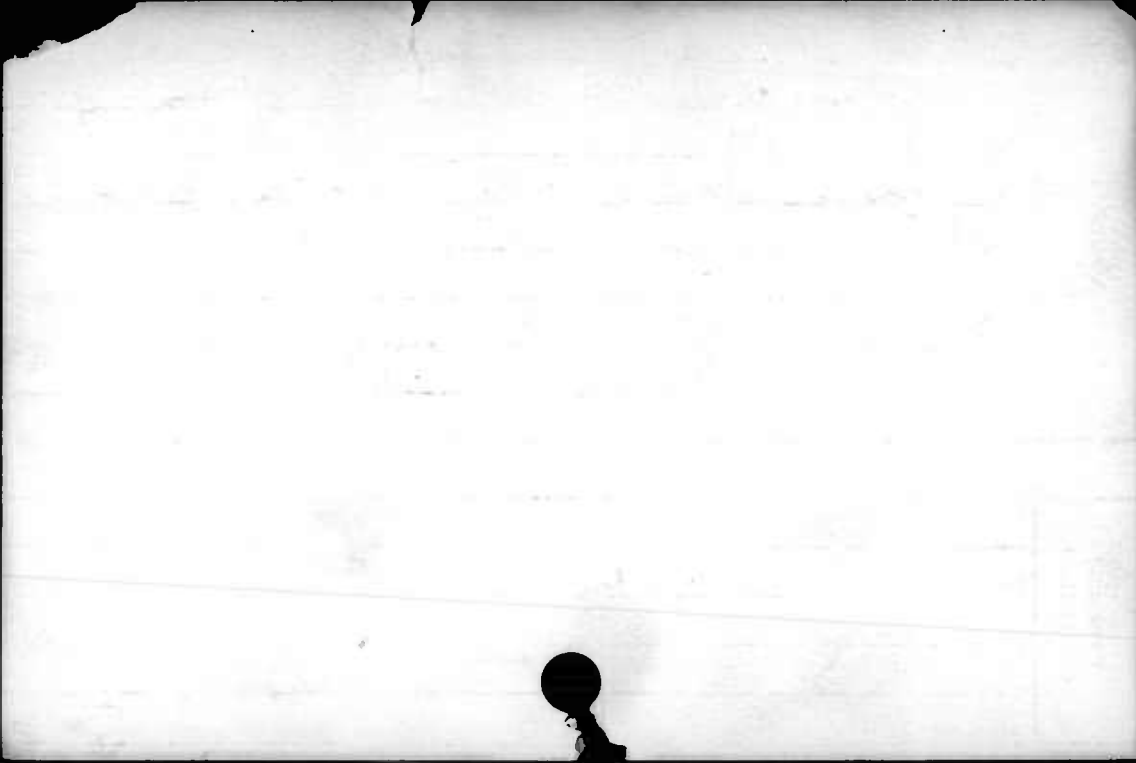
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic</i>	How long
Immediate <i>Ex. Pul. Tuberculosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Wm Hope Retreat</i>
Accident or Suicide? <i>_____</i>	



Name in Full		Caroline Ward				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <i>Leamerville</i>			County, <i>Baltimore</i>		MARYLAND	
	Date of death 190 <i>2</i>	Month <i>Nov.</i>	Day <i>18th</i>	Years Age about <i>87</i>	Months	Days	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore, Md.</i>		
	Married, Single or Widowed <i>Widow</i>			Occupation <i>None</i>			
	Name of Wife or Husband <i>Thos. M. Ward</i>						
	Father's Name <i>Jno K. Rowe</i>			Father's Birthplace <i>England</i>			
	Mother's Maiden Name <i>Mary Elizabeth Ward</i>			Mother's Birthplace <i>England</i>			
Name of person giving In formation <i>Mrs. Emma Cullimore</i>					How related to deceased <i>Daughter</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Old age</i>			How long <i>One month</i>			
	Immediate <i>Asthma</i>			How long <i>154</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>A. Young, M.D.</i>			
	<i>Filed 1902</i>			Address <i>237 Garsuch ave Baltimore, Md.</i>			
Accident or Suicide? _____							



Name in Full

Certificate of Death

Catherine Elizabeth Watts

Died at

Town

Phoenix

County

Harris

MARYLAND.

Date 19

02

Month

11

Day

13

Y.

M.

D.

Native of

Occupation

Age

37

Baltimore

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband

of

Edward Charles Watts

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Gunshot wound

How long sick

1166

Death

Immediate

through base of skull

Accident, Suicide, Homicide

Reported by

Dr. J. H. Thompson

Address

Phoenix, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Blumard West

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at St Agnes ^{Town} Baltimore ^{County}

MARYLAND

Date of death 1922 ^{Month} Nov ^{Day} 19 ^{Years} 43

Months

Days

Sex Male ^{Color} WhiteBirth-place BaltimoreMarried Single
or Widowed

Occupation

LaborerName of Wife or
HusbandNot marriedFather's
NameNot knownFather's
BirthplaceNot knownMother's
Maiden NameMother's
BirthplaceName of person giving
informationMary WestHow related
to deceasedMother

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?as farSignature of
PhysicianJ. M. Ryan M.D.

Address

St Agnes BaltimoreAccident? No
Suicide?

805 Edmondson Ave

Martin F. Fitch & Sons
Funeral Directors

Name
in
Full

Infant of Mattie Wheeler

5-9
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Killebuck</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>7</i>	Age <i>—</i>	Months <i>—</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Killebuck</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wheeler</i>			Father's Birthplace <i>United States</i>		
Mother's Maiden Name <i>Mattie Gerber</i>			Mother's Birthplace <i>21 4</i>		
Name of person giving information <i>C. W. Dill</i>			How related to deceased <i>Farther</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal obstruction</i> <i>108</i>	How long <i>10 hrs</i>
Immediate <i>Convulsion</i>	How long <i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Howard Kahn MD</i>
<i>Yes</i>	Address <i>2027 W. Pratt St Baltimore Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

Mary Parmelia Windsor

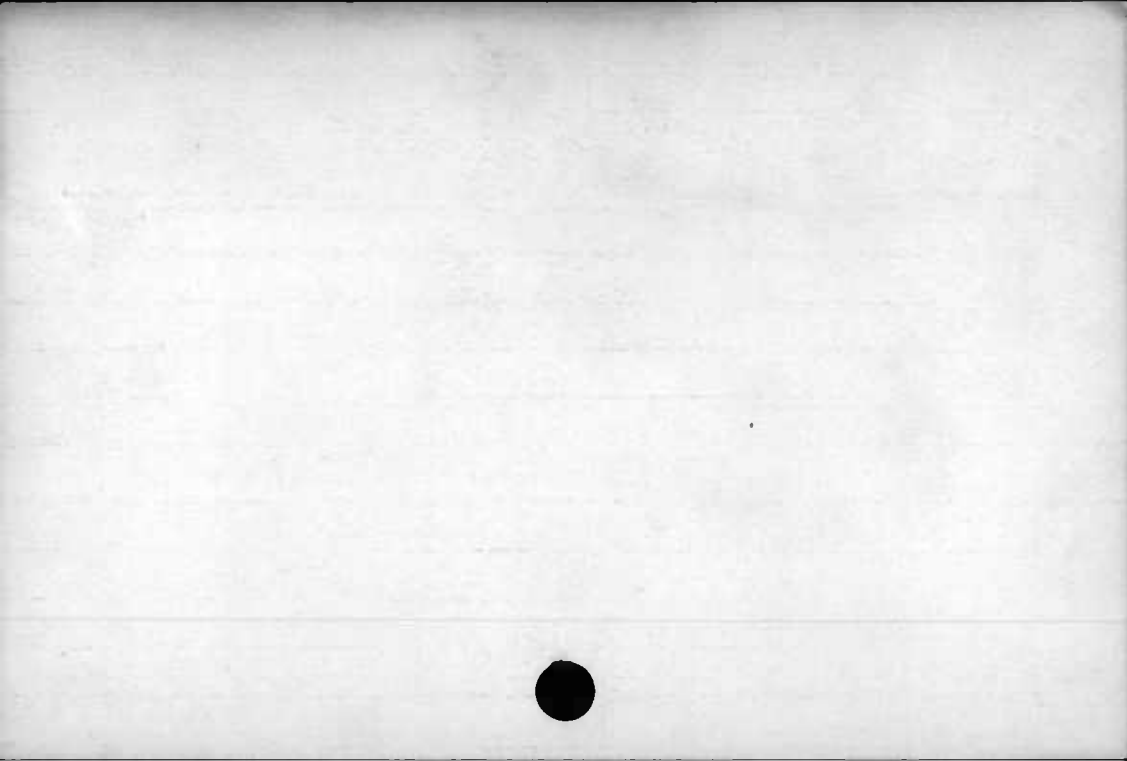
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mount Hope Retreat		County Baltimore		MARYLAND	
Date of death 1902	Month Nov	Day 23 rd	Years Age 34 years		Months	Days	
Sex Female		Color or Race White		Birth- place Baltimore			
Married, Single or Widowed		Married		Occupation Housewife			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Melancholia	How long
Immediate	Ex. Meningitis, Tubercular?	How long
Are the name, age, sex, color, date and place correctly given above?		5 days at Mt Hope.
yes		Signature of Physician
		Address
		Mt Hope Retreat
		Balt Co.
Accident or Suicide?		



Ambrose Winterling

Died at ^{Town} Highlandtown ^{County} Baltimore MARYLAND

Date 1902 Nov. 6th Age 61 Y. M. D. Native of Germany Occupation Milkman

Male White Married Widow Divorced Female Colored Single Widower Number of children living 8

Husband of Sophia Leimbach

Wife

Father's Name don't know Mother's Name don't know

Cause of Primary Bright's disease of kidney How long sick 2 weeks

Death Immediate Exhaustion Accident, Suicide, Homicide

Reported by A. S. Warner 120Address 1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery

Nov. 9th 1902

Germanus France

Undertaker

Name in Full

Certificate of Death

Jacob M. Wolf.

Died at ^{Town} Cub Hill. ^{County} Baltimore, MARYLAND
 Date 1902. ^{Month} Nov. ^{Day} 16. ^{Age} 54 1/2 ^{Y.} ^{M.} ^{D.} ^{Native of} Germany. ^{Occupation} Farmer.
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 6.

Husband of Hannah Schumacher
~~Wife~~
 Father's Name Mother's Name
 Maiden Name

Cause of Death { Primary Typhoid fever. How long sick 3 weeks.
 { Immediate Intestinal hemorrhage. Accident, Suicide, Homicide

Reported by H. J. Harrison, M.D.
 Address Loch Raven.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

